



A Journal for Nurses

MAY 1945

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CALMITOL
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RN

— a Journal for Nurses

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Cadet Students from St. Michaels Hospital
Newark, New Jersey

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MAY 1945

VOLUME 8, NUMBER 8

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They made a 50-gallon tub from native teakwood, set a 30-gallon cooking kettle inside, fitted the kettle with rotating paddles. They took the fan belt from a battered bulldozer, the one-lung engine from a portable generator, the transmission and differential from a bomb-wrecked jeep — and hooked 'em up together.
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Debits and Credits

SOLUTION

Dear Editor:

I have done private duty, particularly psychiatric, and of recent years part-time hospital duty. Despite managing a home and taking care of my four children, I have never been away from nursing more than six months at a time.

Columbia Hospital, Milwaukee, where I work two days a week, as relief nurse in the delivery room, has solved their nurse shortage problem as well as any plan I know. A large majority of its staff are married girls, like myself, who work one, two, three or even four days a week, along with keeping up their homes and doing housework and cooking for husbands and children. Of course even this would not be adequate in hospitals were it not for the service of the volunteer.

EILEEN OTIS, R.N.
Milwaukee, Wisc.

TOWARD THE FUTURE

Dear Editor:

To the nurses who participate in state and district meetings, I would like to say I think the article by Lieut., A.N.C. in January *R.N.* is just what most nurses want and our leaders can do it for us. I mean, we do not want to go to the bother and cost of re-registering every time we go into another state. It is an inconvenience and takes up time in which a nurse could be working.

Why should we have higher education when we are paid a little more than servants? A few years ago I did nine hour general duty for \$2.00 a day while my neighbor received \$3.00 for eight hours housework. Nurses risk their lives in their work and should be pensioned the same as soldiers.

I believe the government would make an appropriation toward homes for old and disabled nurses if we give a certain amount yearly for this purpose. We need some security as most nurses are not able to

work and save an adequate amount toward retirement if disabled.

In the Children's Hospital of Pittsburgh, there are beds in the nurse's dressing rooms and over them a notice by the superintendent with reads, "rest on the bed as needed." This gives us a friendly human feeling and a place for night nurses to stay, if they wish, until the stores open.

A nurse must be kind and likes to be treated with kindness.

JENNIE EWING STRAND, R.N.
Brookville, Pa.

PHILIPPINE APPLAUSE

Dear Editor:

Since I saw the letters in *R.N.* from nurses overseas, I decided to add my voice to those already raised in praise of your magazine.

Mother sent me some back issues and they arrived today. It took them about three months to get here, but they were well worth the wait.

In this part of the world as in others I believe nurses are always interested in knowing what's going on back home. *R.N.* fills the bill to a "T" with its varied array of articles. So thanks, *R.N.*, for giving us a true picture of the nursing world we plan to re-enter when this war is won.

LT. J. SEIFERT, A.N.C.

Somewhere in the Philippines

CHIEF NURSE HAZARD

Dear Editor:

I am wondering if persons connected with procuring nurses for the Army and Navy know how much damage a Chief Nurse can do to hinder recruitment.

The Chief Nurse at this hospital seems to have only one interest and that is "herself" and her "promotions."

When nurses bring problems to her, even problems that seriously effect the comfort and welfare of the patients, she dismisses them from her office by telling them that they are "trouble makers" and that they

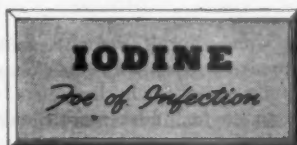


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are in the Army now and have to adjust themselves to conditions.

The lack of interest in the patients on the part of the Chief Nurse is pathetic. This attitude on her part adds to the hardships and heartaches of nurses who are trying their best to do a good job.

If the ANC wants to add nurses to its ranks, some of the Chief Nurses in it had better change their ways.

Lieut., A.N.C.

SILENT ARMY IN PEACE

Dear Editor:

I am a registered nurse. I can also add that I have been honorably discharged from the Army Nurse Corps. With an Army background and with current civilian nursing experience, I feel qualified as well as justified to state my grievances against the current attitude our government is taking toward the nursing profession. My resentment is not solitary; it is only one voice added to the many.

When General Kirk speaks of the poor response the nurses have made to volunteering and the necessity of drafting nurses, he doesn't tell of the nurses who have been rejected because of flat feet, superfluous hair and a myopia (correctable with glasses) . . . to mention only a few examples. These same nurses are working in civilian hospitals doing eight to ten hour duty, consisting of actual bedside nursing as well as carrying the responsibility of supervision. Granted with flat feet, you can't drill. But in base hospitals, these girls could care for the returning wounded. These girls are bitter and resentful, and I can't say I blame them.

I emphatically maintain that if nurses were paid a decent salary for general duty, the majority of private duty section would turn to general duty and the shortage would be relieved. The top salary in the local hospitals is one-hundred-twenty dollars a month, living out, with one half day off a week. You are supposed to work an eight hour day, but it soon becomes ten and often twelve hours. There is board, rent, laundry, carfare—not to mention personal obligations. Perhaps this all

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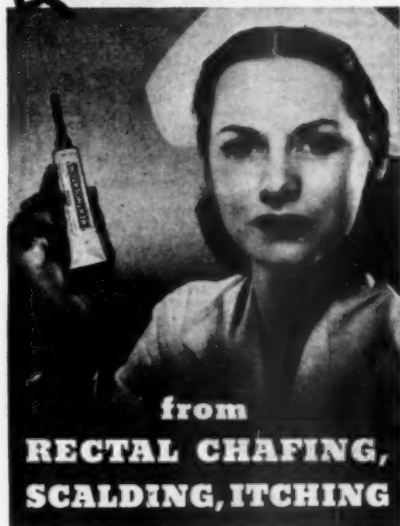
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sounds mercenary. But then so are the war workers when they ask for higher wages through collective bargaining. Even with the comparatively high wages of private duty, it is hard to manage. The butcher and baker don't give reductions to patriotic nurses.

Nurses, although it is their chosen profession, have sought it to make a living. But they have chosen to serve also. We have given up the best years of our life to what is comparable to military training. Now the girls are considered patriotic when they go into training. They are given government financial support, and the glory of a uniform. But we prewar nurses were even denied the meager allowance because we were told that we were getting an education equivalent to college work. But we weren't treated as college women; we weren't treated as individuals who had rights; we weren't given college food or college dormitories. I don't think there are many who would give up their training days. But they have taken a lot out of our bodies.

My heart is with my buddies overseas. And my praise goes to the civilian nurses who have given so much to carrying the burden of the health of our nation. My hope is for a clearer and more amicable attitude from our government toward a profession which has been a fighting silent army in Peace and War. The nursing profession has been fighting for the most cherished of all freedoms, freedom from disease.

LT. SYLVIA S. TAYLOR (Ret.)
Passaic, N.J.

FOUNTAIN OF YOUTH

Dear Editor:

I am very much interested in two letters from service nurses in the January 1945 edition of *R.N.*

As to the letter "Outline for Nursing," I agree with "Lieutenant A.N.C." 100%.

I also agree with your note at the bottom of that letter that it is only through professional organizations that a nurse may bring about better personnel practices in nursing. It seems to me that what the individual nurse must do is to insist that

R.N.

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her local association bring nursing practices up to such standards as outlined by the Lieutenant.

I also think it is extremely unfortunate that all propaganda—whether it is actual photographs or commercial advertising and write-ups—portray to the public the smiling, young nurse on all occasions. I know from actual experience that publicity experts will seldom photograph an older nurse. This type of propaganda leads the public, from whom the nurse must obtain her livelihood, to believe that the nurse somehow has within herself an eternal spring of youth and health. In reality, at the present time, almost the entire civil population is being taken care of by the nurse who is over military age.

The combined efforts of the majority of nurses must be used to bring about a form of security for nurses, which is comparable to the security now offered to other types of public servants. My preference is for some form of security such as that which is now being worked up by the National Association of Community Chests, rather than to wait and depend upon Federal Social Security.

LINDA MCWOODS, R.N.
Washington, D.C.

HOSPITAL MANNERS

Dear Editor:

Since reading Marion Wefer's splendid article entitled "Curtains for Private Duty," (R.N. Dec. 1945) I felt constrained to express myself regarding the same. I heartily agree with her and I speak from experience for I have done private duty and general duty also. If a vote could be taken among nurses on the question of whether or not, as individuals, one would want a special nurse should one become critically ill, I would wager all would vote yes. She mentions hospital rivalries and differences of technique but does not mention the many discourtesies of nurses, and they do exist. After all, the recovery of the patient is all important and in my opinion the well-trained nurse is the nurse who cooperates to the fullest extent with others. In the training of a nurse certainly emphasis should be placed upon cooperation as well as courtesy to the patient, his fam-

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ily and to other nurses. I would add also, the hospital should insist upon it for a reputation of real hospitality is no small matter in hospital management.

R.N., Louisville, Ky.

WAGES SCALES

Dear Editor:

We are told of the acute shortage of nurses. If working conditions were improved for R.N.'s many would respond.

In one of the large industries of this city, there are fifteen or more "nurses" employed, only three of whom are registered (even the supervisor has had limited training) the remainder range from a year and a half of training to not even a day of training, and all begin on the same basic pay; some of the latter even receiving more remuneration than the R.N.'s. The same conditions exist and existed, even during the depression years, in hospitals; nurses would be all engaged in the same duties but all receiving different salaries.

Did we spend three years in training plus several years of executive experience to have nursing standards lowered to this?

R.N., Detroit, Mich.

FORGOTTEN R.N.'S

Dear Editor:

I certainly don't think it is right that one class of women who chose nursing as their profession should be drafted into the armed forces when there are thousands of other women spending their time at card parties and entertainment spots.

Why don't they rate the male R.N.'s the same way they do the female? They took the same length course, studies and exams, so why give them the menial tasks.

R.N., Los Angeles, Calif.

[Provisions of the nurse-draft bill as it passed the House include commissioning of male nurses.—THE EDITORS.]

Pictures in this issue

Pp. 37, 38, 39, 40, 41, 42, 43, photos by Anne M. Goodrich.

Pp. 44, 45, Courtesy Sharp & Dohme, Inc.

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Designed by a physician to meet *all* the requirements of modern menstrual hygiene, TAMPAX affords protection unrivaled in comfort, safety, convenience and external daintiness. Results of recent studies^{1,2,3} confirm the efficacy of TAMPAX in abolishing menstrual odor...in providing freedom from the vulvar chafing of perineal pads...and safety from irritation or from blocking of the flow...as well as in permitting a wider range of activity during the period.

TAMPAX is available in three sizes: "Super", "Regular", and "Junior", with absorptive capacities of 45 cc., 30.3 cc., and 20 cc., respectively, for selective choice by discriminating women according to their needs. Professional samples gladly provided. The coupon below is for your convenience.

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REFERENCES: 1. West. J. Surg. & Gyn., 51:158, April, 1943. 2. Clin. Med. & Surg., 46:327, August, 1939. 3. Am. J. Obst. & Gynec., 46:259, 1943.



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May,

Science Shorts



POISON IVY. People sensitive to poison ivy can be desensitized temporarily by use of poison ivy extracts, but these preparations should not be administered for treatment of the skin inflammation due to poison ivy, according to a report of the Council on Pharmacy and Chemistry of the American Medical Association. Dr. F. A. Stevens who prepared the report states that many patients are made worse because of severe reactions which occur when large doses of extracted solids are injected and it is believed that treatment of acute ivy rashes either parenterally or orally with ivy extracts should be vigorously discouraged.

It is estimated that at least 100,000 persons have become ill in the past two years because of contamination of water supply systems.

NEW. A method whereby severed arteries are joined together by means of "vein grafts," the ends of which are enclosed in vitallium tubes, thus eliminating the necessity of sutures, is reported by Drs. A. H. Blakemore and J. W. Lord, Jr. . . . The Naval Hospital at Seattle has used a new waterproof plastic cast with success. It is called "aire-lite" and is composed of cellulose acetate and regenerated cellulose. The cast must be applied carefully and requires a special technique. A setting solution changes the material into a soft, elastic, flexible, rigid and durable cast. They are light and comfortable and admit light, air and roent-

gen rays, therefore can be used when hot packs and hydrotherapy are employed, or in the tropics where casts may be affected by humidity, molds and fungi . . . There is a new ointment to aid in controlling infection and to stimulate healing in certain vaginal infections. The cream contains sulfanilamide, allantoin and lactose in a specially developed water-miscible base buffered with lactic acid . . . A neutral emulsion of petroleum, lanolin, sulfonated ether and water has been devised for certain types of dermatitis attributable to the use of soap . . . Two new devices, patented for help of the war-wounded, are a walker for men who must re-learn to use their legs and an extension of the Stader splint principle for fractured jaws. The latter is a curved bar that goes around the outside of the jaw with openings for insertion of pins where needed . . . For the correction of iron-deficiency anemias which result from inadequate diet, hemorrhage, etc. there is a tablet of readily utilizable ferrous sulfate that is effective and well tolerated. It dissolves readily in the gastric juice, making available a soluble ferrous iron for absorption in the upper intestinal tract . . . A new elastic bandage, for minor ailments that require support without rigidity, is made of a fabric interwoven with a vinyl resin yarn. It is durable, retains elasticity, is flexible and permits circulation and ventilation . . . By giving synthetic hormones to roosters and thus giving them the metabolism of females, science has dis-

A "Helping Hand" THROUGH TRYING DAYS

The dependable benefits of HYPEROL in helping to control certain periodic functional utero-ovarian irregularities are especially useful during these days of stress. HYPEROL aids in relieving pain, reducing congestion, and improving general well being where hematinic effects are required, enabling most women to continue in their normal activities.

HYPEROL IN UTERO-OVARIAN IRREGULARITIES

contains Hydrastine
Alkaloid, Aloiin,
Apiol, and Ferrous
Carbonate (Blaud).



The
**PURDUE FREDERICK
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Makers also of Gray's Compound
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covered a method of tenderizing old roosters. The work was done by Dr. F. B. Hutt at Cornell University.

*

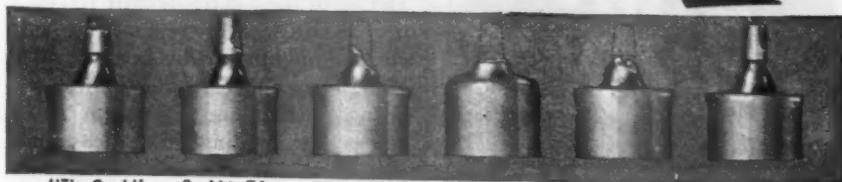
The Army walkie-talkie may be used by doctors in the postwar world to keep in touch with their offices or home. Under heading of "Citizens' Radio Communication Service" three bands of the radio spectrum have been assigned for industrial and medical use.

*

MILITARY. Anticipating the need for special footwear for soldiers returning from overseas service with foot injuries, The Quartermaster General has authorized an experimental cast-making unit and orthopedic footwear clinic at the Boston Depot . . . Army general and convalescent hospitals in this country are caring for more than 50,000 more sick and wounded soldiers than was the case three months ago. The number of patients has jumped from around 87,000 last October to 140,000 by the end of January and is steadily increasing. Casualties from overseas are arriving at the rate of 1,200 a day . . . Using for the first time in combat, a trick they practiced diligently in the Rocky Mountains, engineers of the 10th "Mountaineer" Division recently built a 1,500-foot cable tramway for revacuation of the wounded from the Fifth Army front in Italy . . . The Quartermaster General has issued a flashburn protective cream which reduces the chance of flash burns for tank crews and soldiers using bazookas and flame throwers. It does not possess any medical properties and will not cure burns; its prime function is to provide a "fire proof" protection for exposed parts of the body against burns from sudden flashes of flame . . . An improved artificial leg, making use of light metals, plastics or fiber will shortly be made available to ampu-

R.N.

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"Tip Crush" caused by wedging improperly fitting needle on tip.

Split Tip caused by clearing tip with too large needle or wire.

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Tip broken by lateral pressure on poorly annealed or scored tip.

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May, 1945

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**combines Analgesic,
Antipruritic, and
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For effective relief of the infinite variety of minor skin irritations and injuries requiring treatment, many Doctors have for years used and prescribed Campho-Phenique Liquid Antiseptic Dressing. It works as a mild surface anesthetic to relieve itching and pain, combats swelling and secondary infection associated with

Eczema • Urticaria • Intertrigo

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tces of the Army . . . One of the first of its kind developed in the Army, a Plastic Model School devoted to convalescent therapy is in full swing at the Ordnance School, Maryland. Students are familiarizing themselves with methods of working in plastics and on completion of their training will return to their stations to instruct convalescent combat veterans in the work . . . The glider service, inaugurated in the European Theater may eliminate ambulances for hauling battle casualties long distances over shell torn roads, and give a faster, smoother ride to the hospital. Shock, incident to being "snatched" into the air, is absorbed by an improved towing device . . . Combined figures on East and West coast flights of whole blood to the war theaters reached 193,000 pints in March . . . Web, suspension straps convert cargo-carrying planes to flying ambulances. They take the place of rigid frameworks and are more economical in weight and space consumed . . . Airmen now wear nylon suits to protect them against frigid waters. The suits are coated with a substance that makes them water and airtight and they cover the entire body except the face. Men can now spend hours in icy waters as compared to but a few minutes in fifteen degrees above zero temperatures without this suit.

*

Place naphthalene flakes under the drainage hole in flower pots to release vapors that will rise inside the pot and kill tiny worms.

*

IMPORTANT DRUGS. Physicians and nurses have watched the advancements of medical science with special interest. In 1910 physicians listed the ten most important drugs used in medicine that year. In order they were: ether, morphine, digitalis, diphtheria anti-

R.N.

The NEW TREND in INFANT DIET SUPPLEMENTS

...Provides ALL Needed Vitamins

VI-SYNERAL VITAMIN DROPS

meet the requirements of today's strong trend in supplementing the infant's diet with...



MORE THAN A and D ALONE!

Milk, at its best, may fall short of optimal levels of vitamin C, thiamine, niacin, vitamin D, and possibly vitamin A. Jeans¹ finds that most infants, whether fed human or cow's milk, can benefit from supplemental vitamins C, D, B₁, niacin and possibly other B complex factors.

VI-SYNERAL VITAMIN DROPS

Each 0.6 cc. (as marked on dropper) provides...

Vitamin A	4000 U.S.P. Units
Vitamin B ₁	1 Milligram
Vitamin B ₂	0.4 Milligram
Niacinamide	4 Milligrams
Vitamin C	30 Milligrams
Vitamin D	570 U.S.P. Units

CONTAINS NO ALCOHOL • WATER MISCIBLE



In 15cc.
and 45cc.
packages.

A big favorite
with pediatricians

Well tolerated, contains no alcohol, mixes well with milk, formulas, fruit juices, cereals, without affecting their flavor; no fishy taste or odor...low daily cost.

¹Jeans, P. C. : J. A. M. A. 120:913, 1942.

U. S. VITAMIN CORPORATION • 250 East 43rd Street, New York 17, N.Y.

May, 1945



M. BURNEICE LARSON, Director

You wouldn't build a roaring fire in a furnace and expect it to warm your house indefinitely without additional attention! To continue burning, fires must receive fuel. Professional enthusiasm is something like a fire—it burns itself out unless you take measures to keep it alive. An RN who continues nursing simply because she has no other means of support has only herself to blame. She has allowed her enthusiasm for her profession to die down.

What do we recommend? Why, another fire, of course. We'll build it. And we'll keep it alive. No RN could resist the intriguing opportunities available through our service at this very moment. Let us describe some of the most tantalizing in a personal letter to you.

Your name and address on a postcard will bring the analysis sheet which covers basic information in your regard. Mail it today! We serve RN's everywhere—and in strict confidence.

M. BURNEICE LARSON

Director, THE MEDICAL BUREAU
Palmolive Building Chicago

toxin, smallpox vaccine, iron, quinine, iodine, alcohol and mercury. *The Journal of the American Medical Association* lists what might be the most important remedies of 1945. They are: penicillin and the sulfonamides and antibiotics; whole blood, blood plasma and blood derivatives; quinine and quinacrine; ether and other anesthetics, morphine, cocaine and the barbituric acid derivatives; digitalis; arsenphenamines; immunizing agents and specific antitoxins and vaccines; insulin and liver extract; other hormones; vitamins. They expect that physicians of long experience will arise to defend iron, iodine, alcohol, mercury and even aspirin, although actually the choice of the most important remedy depends on the condition with which the physician is confronted. The journal concludes that "so great has been the advancement of therapy that the choice of the ten most important remedies in medicine would baffle any assemblage of experts." (Perhaps the nurses have their own lists.)

*

Streptomycin, one of the newest medical weapons, can exert a "striking suppressive effect" on tuberculosis in the guinea pig. What effect this may have on humans is not stated.

*

CANCER. The recent drive of the American Cancer Society for funds to continue educational work and research will, it is hoped, make it possible to have continued effort in this field. Cancer research must cover all fields of science and it is hoped to have a board that will coordinate programs and make grants for the work.

*

It is reported that, despite general belief, there is little difference in effect on intoxication whether the alcoholic beverage is mixed or not.

What is 'Acid-Moisture'?



How Z. B. T. Baby Powder Helps to Resist Moisture Dermatitis in Infants

Dermatitis in infants brought about by wet clothes is a common and troublesome condition. Because of it the physician is plied with questions by anxious mothers. While normally acid because of uric acid ($C_5H_4N_4O_3$), urine may be converted into an alkaline irritant by urea-formed ammonia (NH_3).

On the basis of simple mechanical protection the use of Z. B. T. Baby Pow-

der with olive oil helps to resist moisture dermatitis. Z. B. T. clings like a protective film—lessens friction and chafing of wet diapers and shirts. The mechanical moisture-resisting property of Z. B. T. may be clearly demonstrated. Smooth-Z. B. T. on your hand. Sprinkle with water or other liquid of higher or lower pH. Z. B. T. keeps skin dry as the drops roll off.

Z. B. T.—the only baby powder made with olive oil

May, 1945

GOOD GOING, Skipper!

and good growing, too...
with the help of
"Sunshine" VITAMIN D!

Even during warm weather, doctors agree that most babies should be given additional vitamin D, to assure sturdy bone development. And a vitamin D milk formula has proved one of the most satisfactory ways to introduce more "sunshine" vitamin D into babies' diets.

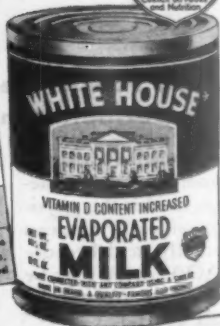
Measured by its vitamin D content, as well as by its general wholesomeness, White House Evaporated Milk rates high for use in infant feeding. Each fluid ounce is fortified with 25 U. S. P. Units of "sunshine" vitamin D (400 Units per pint). Compare this with the brand you may now be recommending!

Note These High White House Standards... In Addition To its Generous Vitamin D Content!

1. A solids content averaging 26.3%.
2. A butterfat content averaging above the government standard of 7.9%.
3. It is pre-heated, standardized, and sterilized.
4. It is homogenized.
5. It is accepted by the American Medical Association's Council on Foods and Nutrition.



ALL THESE NUTRITIVE ELEMENTS IN ONE TALL CAN OF FORTIFIED WHITE HOUSE MILK		
PROTEIN	18 gm.	as much as the proteins in 4½ eggs
VITAMIN A	1550 Int. Units	as much as the vitamin A in a good-sized raw carrot
VITAMIN B	25 mcg.	as much as the vitamin B in 2½ slices of whole wheat bread
VITAMIN D	325 U.S.P. Units	as much as the vitamin D in 4 servings of beef liver
VITAMIN G	14 mcg.	as much as the vitamin G in 4 servings of spinach
CALCIUM	1300 mg.	as much as the calcium in 2 cups (each) of string beans, carrots, kale, celery and cabbage combined



400 UNITS OF "SUNSHINE"

Vitamin D

**PER PINT
25 U. S. P.
Units in
each fluid
ounce**



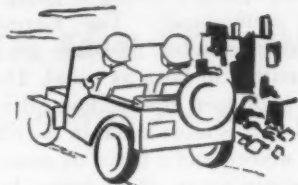
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It's time to turn to

WHITE HOUSE IS SOLD ONLY AT A&P FOOD STORES AND SUPER MARKETS

With the ANC in Germany

BY DOROTHY SUTHERLAND



WITH THE THIRD ARMY NURSE CORPS, GERMANY.—When you cross the Moselle River there is a huge sign at the bridge. "You are now entering Germany," it says, "Don't fraternize!" From there on in the war takes on a new slant.

Coming fresh from friendly French soil, it's an odd sensation to ride along in an open jeep within touching distance of civilians now distinctly hostile. You look at them and say to yourself, "This is the enemy; I must never forget that." You have to remind yourself not to smile, not to bow pleasantly from the jeep, not to wave at the children. The picture of yourself sitting stiff and military in field clothes and steel helmet with stony face is as incongruous as it is necessary.

At first you think it will be impossible to ignore the children because they seem like all children—chubby and shortlegged and apple cheeked. But they are not like all children, or like any other children in the world. In one village we were stoned and pelted with mud by a group of boys and girls none of them over ten years old. They hurl rocks at ambulances, spit as you pass by. Some look at you furtively, then drop their eyes or turn away in an expression of disgust. Their mothers have drilled Nazi cruelty and hatred into them from the cradle, and many have been active participants in Hitler's war program.

An example is a twelve-year old

sniper among the battle casualties in one of our evacuation hospitals. He is sullen and ugly and still worships Hitler. When his nurse tells him she will try to get him home to his mother soon he grunts "Fool!" and turns his head away. Many have a fine vocabulary of four-letter words which they shriek at Americans and another favorite is "schweine."

Nurses of mobile hospitals of all five American armies are in Germany now. In General George Patton's Third Army the 109th Evac was the first to follow the field hospitals across the Rhine and the first to leave buildings and go back into tents. All are finding new adjustments to make, for life in captured territory has no similarity to life in liberated areas except for the types of casualties coming in from the front. This army has moved so fast and so far that hospitals are making moves of 150 miles or more to keep up. Roads are good but travel is dangerous in many sectors where small pockets of resistance still exist. All hospital personnel are confined to their hospital areas; armed guards stand watch at the gates and patrol day and night, and in the distance there is the periodic rumble of artillery.

Throughout the territory behind the Third Army front there is an elaborate network of rivers and streams which cut deep valleys in the hills. For mile after captured mile you see vineyards with matched poles supporting the

vines and the hillsides rising almost perpendicularly from the highway. In the fields, spring planting is going on slowly, methodically. The Germans must feed themselves and they are being permitted to farm as usual. There are a few old men guiding horse-drawn plows, but it is more usual to see three or four women and a brace of oxen.

There are many ghost towns here, some splintered beyond recognition and others badly bombed but still partly habitable. "Where are the people?" you ask as you bump along the deserted streets. In many villages not even a rat runs out of the rubble. All life is gone and the junk piles of former industrial centers stand gaunt and grim like tombstones on the graves of a dead nation.

Germany is dead. The nurses say they feel it everywhere they go—the blank faces of the civilians, the sullen attitude of prisoner-patients in hospital wards, and the pall of silence that hangs over everyone and everything. It is as if suddenly and unexpectedly there were nothing left to be said. Time has stopped here and the air is still, like a room suddenly empty even of the ticking of a clock.

Third Army employs its field hospitals up forward with division clearing companies, as do First and Seventh Armies. With the Third Army front racing through central Germany like lightning, these field units and their nurses have now penetrated farther into the interior of Naziland than any

others. Staffed with surgical nurses from auxiliary surgical groups and with shock and ward nurses attached to the field hospital itself, all are handling non-transportable wounded. Their postoperative wards are crowded with patients receiving blood, intravenous injections and often oxygen.

Somewhat farther back the situation is much the same in the evacuation hospitals. Those units which are installed in buildings are for the most part occupying hospitals formerly run by the Germans. They are faced with small rooms and surgery, no water, no light, no heat except what the unit can provide through its own resources. Most of these buildings were filthy when abandoned and had to be cleaned up and repaired before patients could be brought in. Not even wartime conditions, which hit this area only recently, can excuse the deplorable sanitary and general living conditions found by our medical personnel.) In many former German hospitals dead and wounded were left behind and only in one or two rare instances did medical personnel remain to care for their own casualties.

The story of the month on this front was the arrival, at most of these hospitals, of recaptured American and British troops who had been incarcerated in German labor camps for anywhere from six weeks to six months. In the case of the British, some of them originally taken in the vicinity of Breslau, they walked [Continued on page 82]



THE LENS

Before that hour, all memories are fogged,
Are out of focus, dim, hidden by haze.
Here is your hour, and after, catalogued
By a bright nimbus, all our radiant days.

—JANICE BLANCHARD, R.N.

Child Education in the Hospital

BY MILTON J. E. SENN, M.D.*



THE role of the modern hospital as an instrument of education for professional workers in medicine and nursing is well established. This function developed as a corollary to the progress of scientific medicine, for as the study of disease in hospitals increasingly drew together investigators with different skills and disciplines it quite naturally also collected teachers. The physician of today is as interested in the preventive aspects of medical care as in the curative, and he is more considerate of the individual as a social, intellectual, and psychological human being than one with certain physical characteristics alone. In terms of adequate medical care of children this means that not only the child-patient is to be regarded as a person, but being economically, culturally and psychologically closely identified with his parents, the whole family constellation must also receive adequate consideration. This has been expressed so aptly by the late Dr. Francis Peabody of the faculty of Harvard Medical School, when he said, "A clinical picture is not just a photograph of a man sick in bed; it is an impressionistic picture of the patient surrounded by

his home, his work, his relations, his friends, his joys, sorrows, hopes and fears . . ."

As we think, these days, of prepayment medical care, diagnostic clinics and of group treatment, the status of the child as a member of the family unit must not be forgotten. The well trained pediatrician, who now is trained in the combined skills of pediatrics, public health, psychiatry and medical psychology, is ever cognizant of the relationship of child and family.

This change of emphasis in medical care from disease to person whether he be sick or well, increases in scope the responsibility of the hospital. No longer are its representatives merely



interested in the patient during his confinement within its walls; they look beyond to his convalescence after his discharge from the hospital, to the period when he is again healthy, and the emphasis is on the maintenance and improvement of good health and prevention of illness. But a state of optimum good health cannot be imposed on a person or on society; the

[Continued on page 70]

*Condensed from an address by Dr. Senn, Associate Attending Pediatrician, New York Hospital, before the Third Annual Symposium of the United Hospital Fund of New York in cooperation with the Greater New York Hospital Association and The New York Academy of Medicine, March 6, 1945.

Nursing at Los Banos

NAVY NURSES AS PRISONERS OF WAR

BY CAROLYN VALENTINE, B. S.



JUST talk about our hospital. Nurses have read and heard so much about prison camp conditions, I'm sure they would rather hear about the things we did to continue nursing as Japanese captives."

This was the request of Lieutenant Mary Frances Chapman, Navy nurse, and one of thirteen nurses, eleven Navy and two civilian, who returned to the United States after three years within the narrow confines of Los Banos Prison Camp in the Philippines. Only twenty-nine (being a perfectionist, she insists she will soon be thirty), she has returned to rest *and* to fret a bit. Her impatience is evident when she speaks of her desire to return to the Philippines. She spent two years in Cavite Naval Hospital and learned to love the Island and its beautiful city of Manila. Her normally soft voice becomes wistful when she speaks of the city and her last view of its terrible destruction. She wants to return so that she can complete her job and have a hand in the reconstruction that she knows will follow American occupation. But, although Navy rules say she must remain within the continental limits of the U.S. for one year, she continues to hope that some miracle will change the ruling.

Facing an abrupt change from the well-equipped Navy hospital at Cavite to the almost supplyless "hospital" at Los Banos was not easy. The trip to

Los Banos, closely packed in box cars, doors closed and the sun beating upon the metal top and sides would be enough to break the spirit of most young women. But, Lieut. Chapman is a very calm person—she has attained a certain fatalistic outlook on life and living. Perhaps it is the influence of her beloved grandfather, a doctor who filled a large place in the formative years of Mary's life. He had faith that the upheavals of the world would always right themselves and out of any chaotic condition he knew there would come readjustment and return to normalcy. So, with her philosophy, plus an excellent nursing education, she entered a life of restriction that was to culminate only on February 23 of this year when paratroopers dropped upon Los Banos and opened the gates of her prison.

Los Banos, meaning The Baths, was an agricultural college, famous for its mineral springs, before it was metamorphosed into a prison camp. It lies 2,000 feet up in the mountains, about seventy kilometers from Manila, and has always boasted of a comfortable climate, practically free of malaria. At first there were 800 men and the thirteen nurses, for the doctors insisted that they needed the skilled hands of the eleven Navy nurses originally interned at Santa Tomas. Later, Los Banos, which covered only twenty-five acres, housed 2,100 men, women and

R.N.



Lieut. Chapman

children, all civilians.

Attached to the college was a small infirmary, rather well equipped, but the Japs removed everything except an autoclave (the doctors insisted against its removal so strenuously) and the operating table. This became the hospitable of twenty-one beds, plus a clinic. At first the people who arrived at the camp brought their own sheets, beds and household articles. Later the influx was so rapid that sheets had to be made out of old pieces of cloth and the men made beds, chairs and every conceivable necessity. Supplies were very meager from May, 1943 until December of that year. It was then that a large shipment of Red Cross supplies arrived on the Island and the camp at Los Banos received an eagerly awaited portion. Morphine, spinal anesthetics, treatment for dysentery and blessed sulfa drugs were greeted by all of the prisoners, but none realized more fully what this shipment meant than the nurses who, under Lieut.

May, 1945

Comdr. Laura M. Cobb, supervised nursing in the hospital and managed the clinic.

Lieut. Chapman says that they were especially lucky to have plenty of soap and water. Later the Santa Tomas camp established a soap factory in one of the laboratories of the former university and shipments of the precious stuff were sent to Los Banos. Salt was easy to obtain in the early days too, and they used a great deal of it.

Thanks to the ingenuity of the men in camp a sterilizer for instruments was constructed out of galvanized tin and asbestos with a rod through the center, and this was connected to the electric current. During the last two months, however, there was no electricity. Men also used tin to make pots, containers for soaking feet and enema cans. A water tank was constructed with a brick fire box so the hospital received hot water. Water was plentiful except during the dry season, then it was carefully rationed.

Nothing was discarded, old jars were used for ointments and medications and even tin cans found themselves in the role of cups after a handle had been attached. Bandages were



washed, boiled and autoclaved, then used again and again. Nothing was thrown away—life had changed to bare essentials and every scrap found some use in the simple life on Los Banos.

"We were so used to improvising that it eventually seemed the thing we were supposed to do," Lieut. Chapman recalled. "We had our training

as nurses, but the textbooks and instructors had never included some of the methods that we used and found gave us amazingly successful results."

"And," she added, "in spite of crude equipment our health record was good." Despite natural hazards of a tropical land, no serious epidemics occurred and the problems of life and death, that must necessarily arise when all ages are gathered together, were handled skillfully, despite lack of up-to-date equipment.

Tuberculosis is a common disease in the Philippines for the warm, moist climate seems to foster the bacteria, yet there seemed to be no abnormal rise in the rate at Los Banos. A cough mixture of onion juice, again improvised, proved efficacious.

However, undernourished prisoners were prey to infections. The tiniest cut or scratch would develop a serious infection unless brought to the clinic at once. The Japanese gave them alcohol and this together with sulfas was used freely. A diet, almost exclusively carbohydrate, with only small additions

of vegetable protein (from grass and weeds they were able to gather), is not recommended as an adjuvant to most treatments—yet despite starvation fare the prisoners managed to exist.

Fungus infections were a constant menace and spread rapidly. X-ray treatments were not included in the armamentarium of Los Banos so potassium permanganate (while it lasted), boric acid soaks or just plain warm water baths were used. This last treatment was resorted to when supplies began to run out. After the warm bath the parts were dried, then exposed to the bright tropical sun. They also made a mixture of alcohol with bi-chloride of mercury and salicylic acid—again an improvised medication.

The Japs gave the hospital personnel some adhesive tape, but it insisted upon sticking to itself and other things, never to the designated spot. So, the pharmacists (they were in camp along with bankers, lawyers and business men) made a mixture of latex from the rubber trees on the station. They mixed it with [Continued on page 64]

Probie



"Be firm."

A Nurse Looks at

Postwar Problems

BY FLORA MURRAY, R. N.



WHETHER we like it or not, and whether the Wagner-Murray-Dingell Bill becomes law or not, graduate registered nurses face an all too probable revolution in their profession, especially as regards private duty, special bedside care. We are going to have to plan for full and equal cooperation with the practical nurse, both ethically and economically, or R.N.'s will have to bow gracefully and give her the field. Let's see why.

As war emergencies transferred doctors from civilian to military posts, the work they left behind them became an increasingly heavy burden upon the comparatively few doctors left in hospitals on the home front. In consequence, some of the medical chores, previously considered strictly a doctor's duty and responsibility, had to be given to someone else. The only qualified person with whom doctors could share these appalling responsibilities were graduate registered nurses. Thus, we found ourselves assuming work we had never dreamed of being asked to handle in prewar days. But, as we took on these excess duties, and the war began to deplete our ranks, many of the duties we had previously carried had to be left undone. If we were to pinch-hit for doctors, we must find someone to pinch-hit for nurses.

As every nurse has always known or

suspected much of our work in normal times could be done by untrained help without any loss in efficiency. I refer to such odd jobs as regulating room temperatures, adding, or taking away extra blankets, filling water pitchers, assisting patients to drink through straws, emptying bed pans, etc.

Some hospitals took measures to train "nurses helpers." These were the



brighter of the maid staff. To boost their morale, these hospitals put a special kind of uniform on the girls, relabeled them "Nurses' Helpers." This would have solved their problem, except for the defense plants with their tremendous salaries, with which no mere hospital could be expected to compete. Practical nurses, then, were welcomed into some hospitals. Many institutions asked only that they come on duty without caps so that patients and doctors might have some way to differentiate between the graduate and practical nurse. But, here again, war plants competed. The few registered nurses who tried to transfer to war in-

[Continued on page 58]

Women Who Pioneer

BY CATHERINE SHAW

LIEUT., (N.C.) U.S.N.



IF someone were to ask you, could you say with assurance, "Yes there are nurses on Efate Island, Espiritu Santo, Tavolavola on Aoba, Pentecost" Would you even know the islands or where to find them on the map?

As we sailed from one of these South Pacific islands to another on the hospital ship *Solace*, we learned about the obscure women who were working against terrific odds and under almost unbelievable hardships. We saw Australian and French nursing sisters evacuated from Missions on Guadalcanal and Bougainville, their faces colorless and strained from sadness and horror. They had seen their settlements looted and burned, patients and sisters killed or mistreated, yet escape was to them desertion, even though re-establishment would be possible once the Japanese enemy was routed.

In New Caledonia one nurse acted as midwife, dentist, surgical nurse, very often surgeon, in the French Penitentiary and Hospital for the Insane on Ile Nou. In Suva, New Zealand nurses worked in the Government Hospital and Medical School, training native Fijian girls in the arts of nursing so that they in turn might enlighten their people.

Training natives means adapting techniques and methods to a child's mentality, of nine to twelve years, teaching a people with no conception of disease or disease vectors, whose only idea of illness and death is colored

by legend, tribal custom and tabu.

For the French Hospital in Vila, gaining the cooperation and confidence of native patients is a struggle against almost fantastic beliefs. Training the Melanesian women as nurses is an impossibility for illness to them is a supernatural evil called *draunikau*, or "magic of leaves." It is evoked by witch doctors at an enemy's instigation, or by a "tevoru" (ghost) plotting mischief. Illness or death, to a Melanesian, are never from natural causes, they are the result of a magic spell. Someone has obtained from the sick person a bit of clothing, hair or feces and mixed them with leaves, roasting them on hot stones and calling out, "This is the *draunikau* to bring death to . . ." (the victim). Or by slowly heating the concoction, the victim becomes ill; as it cools he is better.

The sickness is determined by the *draunikau* mixture. Hair from the head will give headache or insanity or any form of head injury or illness; parings from the toenails leads to foot conditions; feces can exert influence on internal organs. Once the *draunikau* is buried the victim will die within an allotted number of days, unless the curse can be prayed off or "magicked" away by a rival expert. Complicated magic and ritual are the native way of combating illness and the bush native has little or no trust in the work of the white man who is all too prone to take blood and feces and urine . . . might he

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Overcoming these native superstitions is scarcely the only problem of the hospital on Efate. There are one hundred and ten beds open to all—natives, French, indigents. But how pitifully and inadequately equipped! How old-fashioned! The roentgenological apparatus we would have scrapped long ago. The one small operating room was poorly lit, the equipment negligible. In the laboratory only simple blood and urine examinations could be made. France at war, and half the world away, had little funds to give her colonies.

Native wards were furnished with iron frame cots, hard wooden benches,



bare stone floors. In most cases the native equips his bed with woven mats; certainly there were few mattresses in sight. Nor did we note washing facilities. However, a hospitalized Melanesian native is often accompanied by his family who also sleep on quantities of woven mats, and cook and carry on the family needs in outer yards or lean-to buildings.

In the general wards and semi-private rooms, which open onto a wide verandah, everything was shrouded in darkness and mosquito netting, but there was no screening. Everywhere in these islands the people seemed indifferent to malaria, even though it is said to be responsible for three-fourths of the island illnesses. It is as though they regarded it as inescapable . . . inevitable. Certainly they have undertaken little or no systematic measures to combat it. There is little screening, clearing, draining or filling of breeding

places, and the administration of limited quinine supplies is sporadic and haphazard. There were malaria patients here, fully exposed to the *Anopheles* while sitting out on the verandah, enjoying the late afternoon coolness and a soft breeze blowing up from the bay.

Women in labor and women delivered were side by side with a simple netted crib for the newborn by their bedside. Throughout confinement infant and maternal care would be simultaneous, with the mother caring largely for her child herself.

Further along in the connecting one-storied ward buildings a postoperative patient was receiving intravenous fluid, but from a modern vacoliter flask!! A form of lend lease? It was equipment generously left behind when the Navy moved on to its newly constructed hospital unit further up the island.

When the first wounded were flown from Guadalcanal the Navy facilities were not yet ready so British, French and American cooperation secured the use of Vila's French Hospital. Navy bunks were put up in every bit of available space, Navy corpsmen took over the nursing care of the men, Navy doctors somehow managed in the totally inadequate operating room. Navy cooks and bakers took over the hospital galley so that barefoot black boys and Tonkinese stood by in open-mouthed wonder at the mass production of wholly foreign food.

The eight religious sisters, of whom seven were nurses, found their hospital transformed into a large scale casualty station, with hundreds more being cared for than logically seemed possible. The laboratory sister found white middied and red-crossed marked sailors using her microscope as well as their own, but she remained working with them to interpret or explain French labels and equipment. They

taught her new diagnostic procedures!

In the hospital pharmacy, a tiny, dark room lined with shelves of old-fashioned dispensing bottles (some noticeably empty) the rotund pink-cheeked sister in charge told how quiet it seemed with the young boys gone and her sanctum her own once more. But certain medications were available again, thanks to establishment of American lines of supply.

The two French doctors on the hospital staff readily joined the surgical nurse in her enthusiasm for the tenancy of our forces, pointing with pride to the number of operations that had been successfully managed, the number of patients housed, the spirit of cooperation felt by everyone.

But enthusiasm was never expressed better than by our men who were hospitalized there! These seven French nurses were generous with their time, devotion, and nursing care, although between them scarcely a word could be exchanged with understanding. Yet a universal language is not necessary for the care of the wounded, either physically or spiritually. The sisters stood

by the bedside of our men whose hands or arms were bandaged, telling for them the rosary beads in a mingling of their French and our English. They sat in lonely, praying vigil beside those that death was near. And always they were wide-eyed with wonder, watching new methods of medicine and surgery that brought them winging over years of lost knowledge and experience.

Now the hospital was theirs again . . . theirs to carry on with disease conditions typical of the tropical world—dysentery, intestinal worms (among 94% of the population), yaws (77% population infection), tropical ulcers and dermatitis, leprosy, filariasis, malaria, beriberi, and a tuberculosis that is a hundred percent fatal. *But it would never be the same.* It was as though a door had opened, and more were opening all the time. These pioneer nurses have seen modern methods. They have met American nurses with complete and modern equipment of hospital ships and mobile hospital units. These things have stimulated their interest and initiative. They are determined to make progressive changes.



SPRING

As I looked out today and saw the trees
All budded and a-swaying in the breeze;
And heard the robin calling to his mate,
(He'd been the early bird and not the late!)

And saw the squirrel darting to his nest
With just the kind of nut which he liked best;
And then beside the door I spied a flower
Which seemed to grow with every passing hour;
I wondered could it be that mortal man
Could gaze upon the beauty of this land
And question the existence of a God,
Who rules this universe, not with a rod,
But clothes it with a garment made of flowers
Whereon we all may pass bright, golden hours.

—BEULAH V. BISHOP, R.N.

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GI Joe Comes Home

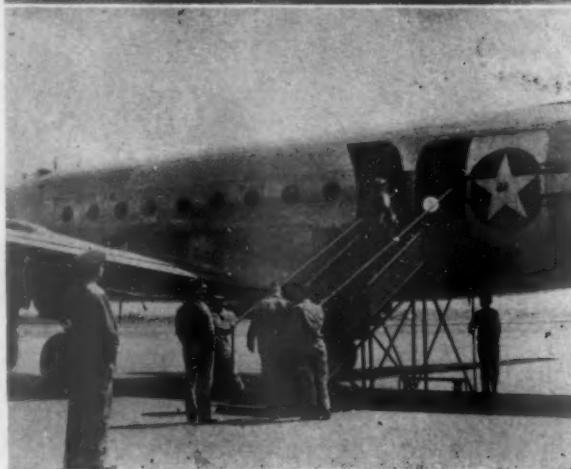


FIELD ambulances, corpsmen, drivers and attendants stand by for arrival of an ambulance plane at Mitchel Field. This service is one of the principal factors in the magnificent record of lives saved in the present war. A total of 525,000 sick and wounded were flown in 1944.

The silver, ocean-hopping C-54 drops to rest on the concrete runway. Seasoned pilots of the ATC, many in a civilian capacity, fly these planes with a smoothness that comes from long hours in the air. Patients agreed that the whole trip was more comfortable than in the best ambulances.

Steps are wheeled to the half opened plane doors. Captain Kendrick, in charge of casualties at point of arrival, steps aboard to take over from the Air Evacuation Nurse. At present about eighty percent of the casualties are litter patients, twenty percent ambulant. When first inaugurated the ratio was reversed.

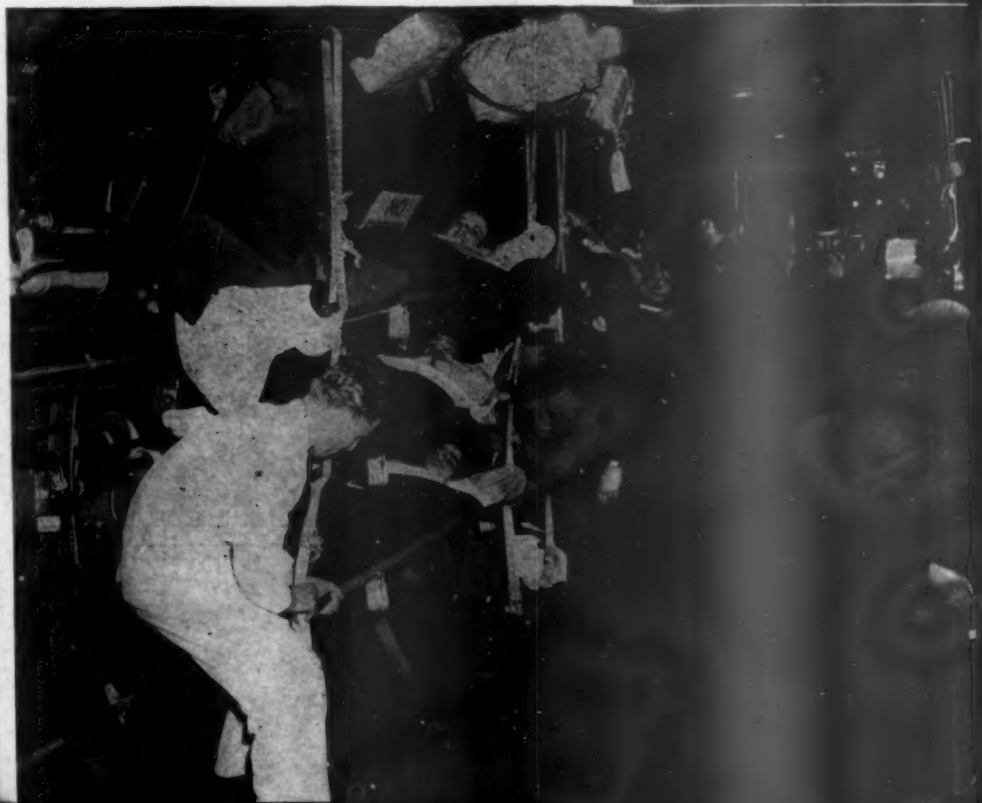
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GI Joe (cont.)

Inside the plane men are prepared for removal. The nurse checks the litters, makes a final inspection and prepares to leave her patients in the competent hands of hospital personnel. Stops have been made during the trip for refueling and change of crews but the remarkable speed of evacuation makes it difficult for the men to realize that they are "home." Lieut. La Vergne Chagnard of Houston, Texas, shown here, made the entire trip from Paris, although crews are usually changed at stop-over points.

Records have been checked and with doors held wide the medical officers leave by way of the power hoist which has replaced the steps. This aid to rapid unloading was invented by a medical officer at Mitchel Field. The platform lifts up and into the plane where two litters, placed side by side, can be removed with a minimum of jarring to the patient.



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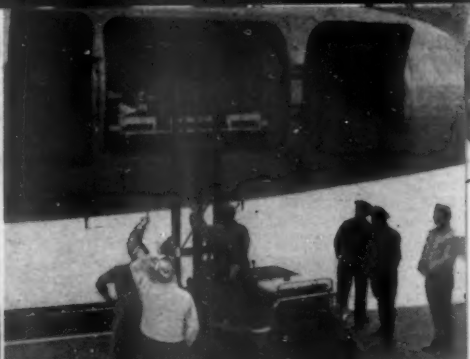
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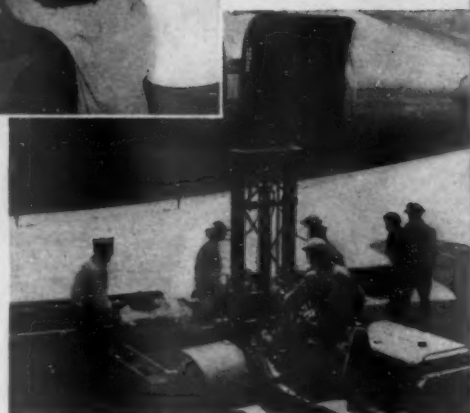
Field personnel surround the plane, call greetings to each platform load.

Two litters are placed on the platform inside the plane.

Quickly and easily they move out from the plane doors.

A typical casualty (arm in cast) gets his first view of the U.S. after thirty months in Europe. He is Sgt. Joseph Ducato, with the 1st Army, wounded after the Rhine crossing. He left a Paris hospital at 2 p.m. on Sunday; on Monday at 1 p.m. he had reached his native soil. This is indicative of the air evacuation speed. The average flight is twenty-four hours.

Willing hands lift the litter just as it reaches the ground. This prevents even the slightest bump. [Turn the page]





GI Joe (cont.)

Casualties are placed in the field ambulance, quickly, efficiently, for their trip to the station hospital.

Safe in the ambulance Sgt. Joe is beginning to realize that he has arrived—a look of wonderment is beginning to give way to a smile.

All casualties have been removed and the Air Evacuation Nurse and her assisting medical technician leave the plane (*right*) with baggage, emergency kits and records. Both are skilled in easing the rigors and tedium of the air journey and they know how to cope with emergencies encountered when wounds are serious and varied.

. Lt. Christine S. Hemming, (*inset right*) in flight togs (green slacks, flight jacket and cap) enters the "Transit Operations Office" to wait for transportation to La Guardia Field, official terminus of the trip, where she reports before going to the

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beautiful home set aside at Mitchel Field for these nurses. Lt. Henning has a husband in the Army, but like hundreds of Army wives she continues to do the job for which she has been especially trained. During the trip from Europe the nurse is in complete charge of the patients, a responsibility that calls for clear thinking coupled with excellent background and training. Lt. Henning is questioned about her trip by Walter Scott, Immigrant Inspector, Dept. of Justice, who is stationed at the Field. [Turn the page]





GI Joe (cont.)

The ambulances line up at the receiving hospital to unload the casualties.

Sgt. Joe has arrived at the hospital. Again gentle hands take him from the ambulance to speed him on his way.

Corpsmen lift Joe from the litter to a wheeled stretcher.

Captain Charles S. White, MOD (Medical Officer of the Day) and Captain Harry N. Niemery question Joe about his wounds. They briefly inspect bandages, casts and the ticket attached to him, in order to check his general condition or find if an emergency condition has arisen during the flight.

Despite casts on both legs, one from neck to waist, another on his left arm and bandages on his right arm (not to mention the bandage on his nose), Joe sits up to answer routine questions from Captain Niemery. He holds a cup of milk with his only two free fingers. The small bag at the foot of the bed contains his personal belongings for that is all the men bring back with them. New equipment is issued after he returns.

When Joe arrived at the two-bed



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room in a quiet section of the hospital, he was asked if he has any special "buddy" that he wished to have in the room with him, even though he will be there forty-eight hours or less before assignment to a General Hospital for specialized treatment.

The Army Nurse—and the first big smile from Joe! Despite extensive wounds he can smile when he talks about or to Army nurses—he says they are "tops." Lt. Nellie Sharak visits each new arrival and takes a short record. Her questions are—"Do you have any pain? . . . Are you hungry? . . .

Are you warm enough? . . . Are you tired?" The last question brought the only affirmative from Joe. Things had happened so fast that he was beginning to feel a need for the sleep and rest that he had earned. Only seventeen days had elapsed from the day he was wounded, now by ambulance and plane he had traveled many thousands of miles to this haven. Everything moved with systematic speed. He is concerned about the first telephone call to his parents in Erie, Pa.—a free one that is given to all casualties—then for a while he will think only of eating and sleeping. Mitchel Field is a stopping point where the wounded man can catch his breath and begin to realize that for him the war is over—he is HOME.





Laboratory Tests

URINALYSIS

ROUTINE laboratory tests are an integral part of diagnosis and a means of checking upon the progress of the disease. Some have changed little over a period of years; others are being subjected to revision; the already large number is being augmented by new determinations. A general review of the more common tests and some of the newer techniques should be of interest to nurses, especially because the nurse who may read histories that include normal or abnormal figures that prove confusing if she has not worked with such cases for some time. Normals are important and for this reason a chart is given after each main division of tests so that the nurse can keep it as a ready reference. **URINALYSIS.** This large group of tests, when properly and carefully performed, will give vital information about the urinary tract, and its effect upon other functions of the body. A normal kidney will vary the composition of urine within a wide range to meet body needs. So-called normal urine is complex for it is a solution of both organic and inorganic compounds derived largely from waste products of metabolism and from ingested food. However, there are definite changes when a pathologic condition is present.

Kidneys also eliminate harmful sub-

stances that are ingested and control the osmotic, electrolyte and acid-base balance of the blood and tissue fluids necessary to the proper maintenance of the cells and of life itself. While the processes continue there is a wide range of results that, when properly read in connection with other existing symptoms, will prove invaluable to the physician.

Twenty-four hour specimens of urine should be used for quantitative examination although single specimens can be used for qualitative tests. If a bacteriological examination is to be done a catheterized specimen is necessary. In any case cleanliness of equipment and immediate examination, when no preservative or refrigeration is used, is essential.

Quantity. Amount of urine in twenty-four hours varies according to fluid intake, perspiration rate etc. The normal is between 1,000 cc. and 1,600 cc. Children excrete three to four times as much as adults per kilogram of body weight. When large effusions are given or during mobilization of edema the fluid increases as it does in uncontrolled diabetes mellitus, diabetes insipidus and some forms of nephritis. In the last condition this is due to failure of the kidneys to concentrate the urine. Conversely, amounts passed are

decreased, even to complete anuria (total cessation), in uremia, acute nephritis, heart failure, some fevers, in diarrhea, and in prolonged shock.

Color and Transparency. Normal urine ranges from yellow to deep amber with depth of color increasing with concentration and specific gravity. Bile pigments, blood and certain dyes will change the color markedly. While normal urine may have a cloudy appearance, due to phosphates, it is usually clear and sparkling. In alkaline urines a precipitate of phosphates often occurs. Microscopic studies are necessary to determine fully the cause of any cloudiness.

Odor and Reaction. An aromatic odor is more noticeable in concentrated samples and during decomposition an ammoniacal odor is due to splitting of urea by bacteria. A characteristic fruity or sweetish odor is present from acetone and fecal odors indicate contamination with feces or *E. coli*. A putrid odor may result from decomposition of pus or in cystinuria. Certain drugs or special foods will also impart a characteristic odor. Normal urine may vary from alkaline to acid, depending upon the diet and time of day the specimen is taken. An average is pH 6. Water excretion, fatigue, meals, emotions, exercise and rate of pulmonary ventilation may effect reactions. Acidosis and fevers as well as some drugs (hydrochloric or mandelic acid, ammonium chloride etc.) will increase acidity. Alkaline urines are

often observed in cystitis and pyelonephritis. The so-called "alkaline tide" is found after meals when the urine is more frequently alkaline.

Specific Gravity. This simple test gives important information of kidney function and is normally between 1.010 and 1.030, although it drops to 1.002 after generous fluid administration. Diet, amount of perspiration, water losses, disease and fluid intake will influence the picture. A normal kidney should be able to excrete urine of specific gravity as low as 1.002 and as high as 1.030, and this ability can be measured by renal function tests. Low values are common in diabetes insipidus and some forms of nephritis; high values in diabetes mellitus, fevers, diarrheas, or when water loss is high.

Albumin. This general term refers both to serum albumin and serum globulin and is normally present in varying amounts with an average of 0.075 gm. in twenty-four hour urine. Excessive dietary protein may cause physiologic albuminuria.

Glucose. Normal urine may contain traces of glucose or other reducing substances. Presence of glucose is important (glycosuria) and may be transitory in several conditions, but if constantly present diabetes mellitus is suspected. Most of the tests are based upon reduction of alkaline solutions of copper to cuprous oxide with characteristic color changes.

Acetone. The presence of acetone is due to faulty or excessive fat metab-

olism and is often associated with failure of carbohydrate metabolism. A decided increase may be considered serious. It is found in starvation, wasting diseases, following anesthesia, during the ketogenic diet or in other cases where carbohydrate is limited. Traces of acetone are found in the urine of very young children and the test is usually routine in preoperative preparation.

Bile Pigments. When there is any obstruction to the flow of bile these pigments may appear in the urine. If

toxic agents have brought about destruction of liver cells or if red blood cells are being excessively destroyed these tests will be positive.

Pentoses. Foods such as plums, fruit juices and cherries, all rich in pentoses, will increase the presence of pentoses in the urine.

Lactose. This sugar may be confused with glucose, especially in the urine of pregnant or lactating women and in patients on prolonged milk diets. It is not, however, fermented by yeast.

[Continued on page 78]

AVERAGE NORMAL URINE

(*Clinically Significant)

Quantity	1000 cc.—1600 cc.
Color	Yellow to deep amber.
*Transparency	Normally clear but phosphates may cloud. Turbid on standing.
Odor	Aromatic. Ammoniacal on decomposition. Characteristic odors imparted by foods.
*Reaction	pH 6. May vary from 4.6 to 8.0.
*Specific Gravity	1.010 — 1.030.
Total Solids	60-70 gms. in 1500 cc. urine of young adults. Lessens with age.
*Albumin	0.075 gm. per 24 hours.
*Glucose	Traces.
*Acetone	Minute traces—especially children.
*Bile Pigments	Trace of urobilin. No bilirubin.
Pentoses	Traces due to specific foods.
Lactose	Traces.
Indican	4-20 mg. per 24 hours.
Blood and Hemoglobin	None.
Urea	Normal waste product of metabolism, 20-30 gm. per 24 hours.
Total Nitrogen	12-18 gms. per 24 hours. Varies with ingested protein.
Uric Acid	0.4-1 gm. per 24 hours. Increased by exercise and purines.
Creatine	0.196 gm. per 24 hours (males). Common in women, regularly in children.
Creatinine	1.25 gm. per 24 hours. Not dependent on diet.
Lactic Acid	0.05-0.2 gm. per 24 hours. Severe exercise increases.
*Casts	Absent except occasional hyaline casts in elderly.
*Leukocytes	Few.
*Erythrocytes	Occasional.
*Epithelial cells	Few.
Mucus	Traces.

News of the Month

NURSE DRAFT STATUS

At this time the draft bill remains before the Senate. Predictions are that the bill will be passed by this body. The House form of the bill was amended by the Senate to make subject to draft not only unmarried nurses but those, 20 to 45 years old, who are married, unless they have dependent children.

ANA announced that applications for Army service are at the rate of 700 a week, yet the War Department says that only on the basis of an average 1,400 volunteer applications can the quota be filled by June 1. ANA believes that the number can be secured only by volunteer methods and a stepping up of recruitment methods. It is also revealed that applications have been decreasing since Feb. 3 and that after the House passed the bill, nurses and even Red Cross committees on recruitment seemed to have "let down," waiting for further developments.

PENSIONED NURSES

Income received "from performance of service as a nurse, as an employee or in connection with the care of sick or confined persons as an employee" will not operate to reduce the old-age pensions of women who do nursing, if an amendment adopted by the House on March 1 to the first Deficiency Appropriation Bill for 1945, is agreed to by the Senate. This will make it possible for qualified women to work as part-time nurses or nurses aides, without being thrown off old-age assistance rolls. According to Rep. Case, who

May, 1945



introduced the amendment, it seeks to make available a large group of potential nursing power.

SCHOOL ENROLLMENTS

The number of students enrolled in state-accredited schools of nursing in the U.S. had, on January 1, 1945, reached an all-time high of 126,576, according to a check just completed by the National League of Nursing Education and reported to the Nation Nursing Council for War Service. Enrollment by states and by service commands is detailed in the report. New York, with 13,895 has the highest number of student nurses. Pennsylvania, with 13,588, is a close second. The third service command (Pa., Md., Va., Dist. Col.) is first among the commands with 19,501 students. The second service command (N.Y., N.J., Del.) is second with 18,473.

HOSPITALS

The 1944 report of the Council on Medical Education and Hospitals of the American Medical Association has some interesting figures. They list 6,611 registered hospitals, 44 less than in 1943. However, there has been no corresponding loss in bed capacity—rather, a definite increase. Total capacity is now 1,729,945 beds, or a gain of 80,691 over the previous year. The bed capacity increase is almost en-

tirely in the federal group of hospitals which now has 551,135 beds as compared to 476,673 in 1943. There was continued expansion of in-patient hospital care in 1944 with 16,036,848 admissions, exclusive of outpatients and newborn infants. In 1934 this figure was 7,147,416, more than doubled in the last ten years. The daily patient load averaged 1,299,474 in 1944, exclusive of newborn infants. In addition to patients listed, registered hospitals gave care to 1,919,976 newborn infants, almost identical to 1943.

HONORABLE SERVICE BUTTON

The Honorable Service Button is issued to each individual on his discharge from the Army, Navy, Marine Corps and Coast Guard. Unfortunately the War Department is frequently informed that the public does not generally recognize the meaning of the emblem. Veterans (including nurses) with long service overseas, now returned to civilian life, have the unpleasant experience of being challenged for their failure to appear in uniform. Their badge of honorable service has not been recognized. This is the emblem—remember it.



NAVY NURSE RECRUITMENTS

No additional applications for appointment in the NNC are now being accepted. The applications now on file

are sufficient to bring the Corps to its present quota of 11,500. This quota is being met despite its recent increase from 11,000, the goal originally set for July 1.

In view of the suspension of applications, it is not believed that a change will be made in the present policy of excluding married nurses from the Navy. The Navy is no longer discharging nurses who marry, and recently offered reappointments to all nurses who resigned because of marriage during the calendar year 1944. Admiral Agnew told the Senate Military Affairs Committee that 1,300 nurses resigned during the year because of marriage, and that fourteen of that number already had been reappointed.

Attrition from the Corps after the goal of 11,500 is reached is expected to run at not more than 100 to 125 a month. Eventually, therefore, NNC officials stated, it will be necessary to accept applications again, but the temporary suspension will enable the Army to obtain more nurses.

SICK NURSE FUND

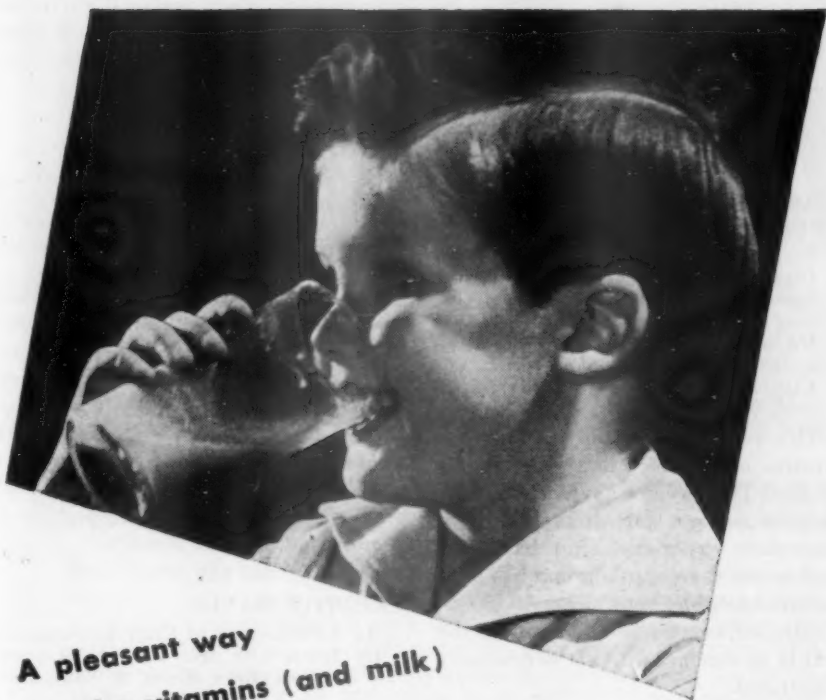
Since 1940 the Sick Nurse Fund has had a total of 461 new subscriptions and 479 renewals on its books. The total amount paid into the fund as of April 10, 1945, was \$982.92. Minus expenditures of \$940.00 paid out for subscriptions, the balance on hand, as of April 10, 1945, was \$42.92.

BLANCHFIELD TRIP

Returning to Washington from a three-month inspection of Army nursing activities in all European and Italian-North African areas, Col. Florence A. Blanchfield, Supt. of the ANC, declared that the morale is high.

"The nursing service in both theaters is well organized and well adminis-

[Continued on page 52]



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to take vitamins (and milk)**

Cal-C-Tose 'Roche'—a happy solution for the finicky, undernourished patient who cannot take tablets or capsules or who has grown tired of plain milk. Cal-C-Tose contains generous amounts of vitamins A, B₁, B₂, C, and D plus calcium and phosphorus, in an appetizing cocoa-malt base. Two heaping teaspoonfuls mixed with warm or cold milk makes a delicious "hot chocolate" or refreshing "milkshake." Supplied in 12-oz and 5-lb containers

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In Review



A MANUAL OF TROPICAL MEDICINE

Prepared under the Auspices of the Division of Medical Sciences of the National Research Council. By Colonel Thomas T. Mackie, M.C., A.U.S., Major George W. Hunter, III, S.N.C., A.U.S., Captain C. Brooke Worth, M.C., A.U.S. W. B. Saunders Company, Phila., 1945, \$6.00.

- This is a compact and authoritative treatise on diseases that exist in the tropics. The authors have drawn their information, not only from their own immediate experience, but have also had access to recent data that has been accumulated by our armed forces. Tables and summaries are used and the text is in succinct form. It is profusely illustrated.

FOOTE'S STATE BOARD QUESTIONS AND ANSWERS FOR NURSES

By Eleven Leading Nurse Educators. 23rd Edition. J. B. Lippincott Company, 1945, Philadelphia. \$3.50.

- This edition carries for the first time some visual devices for fact testing. Answers to questions have been carefully reconsidered in the light of recent scientific developments.

PENICILLIN THERAPY

Including Tyrothricin and Other Antibiotic Therapy. By John A. Kolmer, M.D., F.A.C.P. D. Appleton-Century Company, New York. 1945. \$5.00.

- A timely book as large amounts of penicillin are being released for civilian practice. Methods of administration are discussed and include usual

means as well as such mediums as solutions, creams, powders and pastilles. An appendix gives recent material on latest treatment with the drug. A large percentage of the references are to the recent 1944 and 1945 literature.

ANATOMY AND PHYSIOLOGY

For Students of Physiotherapy, Occupational Therapy and Gymnastics. By C. F. V. Smout, M.D., M.R.C.S., L.R.C.P. and R. J. S. McDowall, M.D., D.S. Williams and Wilkins Company, 1944.

- This book was planned in accordance with the Syllabus of the Chartered Society of Massage and Medical Gymnastics (soon to be called the Chartered Society of Physiotherapy). It is not intended to take the place of large text books in anatomy and physiology but it will be of value to those in this field who want to cover the ground in a more rapid, orderly manner.

CREATIVE HANDS

An Introduction to Craft Techniques. By Doris Cox and Barbara Warren Weismann. John Wiley & Sons, Inc. 1945. \$3.75.

- A beautiful book, filled with illustrative material dealing with the problems that make up the practical activities experienced by students in craft work. A wide variety of crafts are described in such a manner that it will be of value to both the beginner and the more advanced worker.

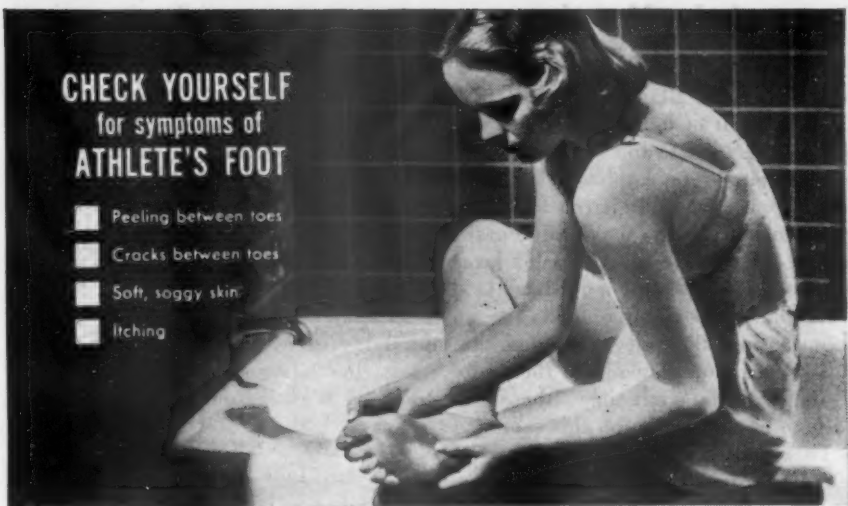
PEDIATRIC NURSING

By Abraham Levinson, B.S., M.D. Third Edition. Lea & Febiger, Philadelphia, Pa. 1945. \$3.00.

- Medicine in general and pediatrics in particular have changed since the last edition of this book. The revised edition contains the new developments but still keeps within the bounds of a comparatively small volume. The book is well arranged and easy to use.

CHECK YOURSELF for symptoms of ATHLETE'S FOOT

- ☐ Peeling between toes
- ☐ Cracks between toes
- ☐ Soft, soggy skin
- ☐ Itching



NEW SUCCESS OVER ATHLETE'S FOOT!

As a Nurse, you realize the importance of keeping feet in perfect condition . . . yet chances are you may have Athlete's Foot. Surveys show 7 out of 10 adults infected each year. And warm weather brings out Athlete's Foot at its worst! Fortunately, easy 2-way treatment with soothing Quinsana powder usually clears up Athlete's Foot (proved in thousands of test cases). Millions at home and in the services are now using Quinsana for protection and relief—*be sure you use Quinsana daily.*



HERE'S EASY 2-WAY TREATMENT: Use Quinsana powder every day (1) on feet and (2), in shoes (to absorb moisture, reducing chances of re-infection from shoe linings). Being a soothing powder, Quinsana is easy to use—not like messy salves and liquids. Most Chiropodists recommend Quinsana for Athlete's Foot. Once you use it, you'll recommend Quinsana for the whole family. The Mennen Co., Newark, N. J.

News of the Month

[Continued from page 49]

tered," Colonel Blanchfield said.

As a result of her findings, lectures are to be added to the nurse indoctrination courses to emphasize that the necessity of being prepared for maximum casualty loads inevitably entails periods of relative inactivity for large groups of nurses. Colonel Blanchfield feels that if new appointees are informed from the very beginning that full use cannot be made of their professional skills at all times, there will be less dissatisfaction on this score.

To equalize nursing burdens overseas, the nurse Superintendent said, a system of temporary assignments from inactive units to active units has been successfully carried out.

Advantage also has been taken of free time to perfect standardization of the layouts of all types of hospitals. This, she said, has proved invaluable, because the turnover of nurses in hospitals is very large. There are several reasons for this. One is the assignment of additional nurses on temporary duty. A second is the release of nurses for rotation home and their replacement by new permanently assigned nurses. A third is the constant moving of hospitals, even the large general hospitals, to keep up with the changing battle fronts. When a hospital

moves, there are usually a few patients who cannot be transferred, requiring a detail of nurses to be left to care for them.

During her visit, Colonel Blanchfield met and talked with Dorothy Sutherland, R.N.'s Editor, on special leave to report for the ANC. Miss Sutherland, the Superintendent said, is doing a wonderful job for the nurses in service.

Colonel Blanchfield hopes to inspect nursing activities in the Pacific theaters, but has no immediate plans for leaving Washington.

MILITARY NURSES

Ensign Jane Kendeigh, NNC, continues to pioneer in Pacific evacuation of the wounded. She was the first nurse to land at Iwo Jima, now she is reported as the first nurse to reach Okinawa. She is known for initiative and sympathy coupled with an efficient manner in caring for wounded men . . . First American Army nurses to cross the Rhine were Lieuts. Dorothy Judd, Lois Grant and Josephine Jennis . . . Two nurses of Japanese descent were commissioned recently in the Army Nurse Corps. They are Mary Yamada, formerly teaching supervisor of pediatrics at Bellevue Hospital, and Toshiko Harata, a post-graduate student at Margaret Hague Maternity Hospital in Jersey City . . . Five Army hospi-

It's up to the Nurse

when administering oxygen by tent, to see that the canopy is closed tightly and that the tent atmosphere is analyzed frequently. This helps to insure effectiveness of the treatment.

Write for the Linde Oxygen Therapy Handbook

THE LINDE AIR PRODUCTS COMPANY

Unit of Union Carbide and Carbon Corporation

30 East 42nd St. **UCC** New York 17, N. Y.



LINDE OXYGEN U.S.P.

What is the truth about bulk laxatives?

Dear R. N.

To help clarify your own thinking on a subject which has long been controversial in the treatment of habitual constipation, you may like to answer the following questions:

Question: Do you believe that many patients troubled with constipation need to augment their diets with supplemental bulk to encourage regular peristalsis?

Answer: _____

Question: Do you find that some patients require more than simple bulk — that they need a motility factor to furnish the urge to keep the bulk moving?

Answer: _____

Question: Have you found that many so-called "bulk" laxatives fail to furnish sufficient volume to accomplish the desired result?

Answer: _____

Question: Have you refrained from prescribing bulk laxatives because of a conviction that as a group such products are harsh and irritating to the lining of the intestines?

Answer: _____

Until you have given SARAKA a thorough trial, these questions cannot be answered to your full satisfaction.

You are invited to write for a generous sample of SARAKA to prove for yourself its remarkable efficacy in the treatment of habitual constipation. Please mail in the coupon.

SARAKA

Contains

70% bassorin and 6.5% cortex frangula.

Please send free package of SARAKA

R.N. _____

Address _____

City _____ State _____

Dept. 304

UNION PHARMACEUTICAL COMPANY, INC.
BLOOMFIELD, N. J.

May, 1945

53

tals in the New York area have had the services of 348 registered nurses as volunteers for duty. These women are ineligible for Army or Navy Nurse Corps . . . Among the twelve best dressed women selected by the Fashion Academy were two nurses, representing the Army and Navy . . . An 850-bed Naval hospital at Dublin, Ga., has been commissioned and added to the Navy's already long list of facilities . . . An Army nurse, Lieut. Paula Krull, took two Germans to a prisoner cage. She was approached by them because, "you are a lady and won't kill us". . . Lieut. Helen Cusack was taking care of Pvt. Edward Cusack (no relation) when he regained consciousness after being wounded by shrapnel in Germany. She was the same nurse who had cared for him eight years ago in a civilian hospital after he had been bitten by a dog . . . Lieut. Clyde Pennington, NNC, has received special commendation for outstanding performance of duty as Senior U.S. Navy nurse attached to the U.S. Eighth Fleet and serving at Base Hospital No. 9 at Oran, Algeria. She is accorded the privilege of wearing the commendation ribbon for exceptional ability, sound judgment and outstanding devotion to duty, which reflected credit

upon herself and the Naval Service . . . The world's largest and most modern hospital ship has been commissioned by the Army. *The Louis A. Milne*, complete with every modern medical device to assure comfort of the wounded, will join the twenty Army hospital ships.

AUXILIARY WORKERS

Two teaching guides are being prepared by the American Red Cross to assist instructors of high school and college courses of home nursing. The material is so arranged that each school may adapt it to existing curricula, taught entirely by a nurse-instructor or in cooperation with instructors of allied courses. Many educators are convinced that home nursing should be made an integral part of the education of all potential homemakers . . . The first class of volunteers trained as Field Army Nursing Aides, to assist in care of cancer patients, will soon be graduated. These women will serve in cancer institutions after completing a course of lectures on cancer.

FOREIGN HEALTH

The Balkan Mission of the United Nations Relief and Rehabilitation Administration (UNRRA) has moved its

USE

LAVORIS

Don't Buy Substitutes

You can better afford to buy the best

There is no substitute for mouth cleanliness



AN OATMEAL FOR BABIES rich in added Iron and Thiamine* *yet priced within the reach of every mother!*

"Baby cereals of high nutritional value priced within the reach of every mother," that is the policy pioneered by the Gerber Products Company—a policy that has won the commendation of many physicians and nutritionists.

Gerber's Strained Oatmeal, as the table below shows, is rich in added iron and thiamine (derived from natural sources).

Gerber's Strained Oatmeal mixes to a smooth, uniform texture, is pleasant tasting. It has very low crude fibre content which makes it suitable as a starting cereal for infants. Pre-cooked, dried, flaked—it is ready-to-serve with the addition of milk or formula.

Many physicians have found that serving Gerber's Strained Oatmeal, alternating with Gerber's Cereal Food helps baby eat better by avoiding monotony. Gerber's Strained Oatmeal is especially useful in cases where a wheat allergy is indicated.

*IRON AND THIAMINE VALUES OF GERBER'S STRAINED OATMEAL

	Thiamine mg.	Iron mg.
National Research Council recommended allowance for infants.....	0.40	6.0
One ounce Gerber's Strained Oatmeal.....	0.42	11.7

(Gerber's Strained Oatmeal: 109 Calories per ounce.)



GERBER PRODUCTS COMPANY
Dept. 355-S, Fremont, Mich.

Gentlemen: Kindly send a complimentary sample of Gerber's Strained Oatmeal and a Professional Reference Card to the following address:

Name.....

Address.....

City.....State.....

*Shampoo
without Water*



**THIS NEW DRY WAY
TAKES ONLY 10 MINUTES**

- **QUICK**—No soap, no rinsing, no drying with Minipoo.
- **EFFICIENT**—cleanses the hair of dirt, grime, oil and odor.
- **BEAUTIFYING**—enhances wave, leaves hair soft, lovely.
- **SAFE**—Minipoo is safe in all weather. Ideal for sick room.

30 Shampoos with mitten applicator 100*
*plus tax

MINIPOO
DRY SHAMPOO POWDER

COSMETIC DISTRIBUTORS, INC., NEW YORK 17, N. Y.

headquarters from Cairo and will move into the respective countries for care and repatriation of refugees . . . At the request of the Greek government, a Navy public health unit recently left for Athens to curb disease, restore and improve sanitary facilities, disseminate public health education and do everything else in its power to ameliorate living conditions among the people. The unit will function directly under the Naval attaché to the American embassy and will direct its attack particularly against tuberculosis, typhoid, malaria, syphilis, typhus and trachoma. They took with them more than a ton of chemicals, drugs and other supplies.

NURSE PLANNING PRIORITIES

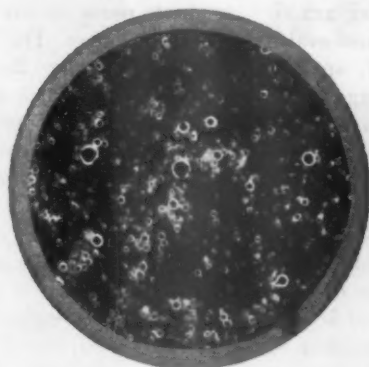
A list of five projects that should be begun at once was set up by the National Nursing Planning Committee and the National Nursing Council for War Service and they agreed to ask its Finance Committee to confer with the Planning Committee on a budget for these projects. The five high priority projects are as follows: (1) Organization and operation of local community nursing councils to assure continuing broad-gauge interest in and support of nursing. (2) Counseling to schools of nursing, need for which is indicated by the many new courses now being organized. (3) Determination of the extent to which nursing can be pro-

DR. SCHOLL'S LAMINEX *Plastic* ARCH SUPPORTS

If you suffer from tired, aching feet, rheumatoid foot and leg pains, callosities or sore heels, have Dr. Scholl's Laminex Plastic Arch Supports demonstrated on your feet. Thin as a wafer. Very resilient. Give quick relief, with exercise, from painful foot arch weakness. Now available at Shoe and Department Stores and Dr. Scholl's Foot Comfort Shops. \$6.50 pair. For folder on Dr. Scholl's Laminex Plastic Arch Supports, write Dr. Scholl's, Inc., Department M, Chicago.



NEW WAY to reduce infant skin irritations!



Photomicrograph showing discontinuous film of Johnson's Baby Lotion. Note the small size of the dispersed oil globules—X1000.

Johnson's Baby Lotion

(ANTISEPTIC)

Leaves discontinuous film...

AT A RECENT medical convention, physicians gathered six deep around our display of Johnson's Baby Lotion.

They were enthusiastic about this new preparation for routine infant skin care... it's smoothness... whiteness... new lotion form.

And this interested them most of all: *Johnson's Baby Lotion leaves a discontinuous oil film on the infant's skin!*

This is possible because Johnson's Baby Lotion is an emulsion of oil in water, homogenized under pressure to provide the extreme dispersion of oil into micron-size globules.

These physical properties contribute to normal skin function, permitting normal heat radiation... allowing perspiration to escape readily. This results in materially reducing the incidence of heat rash and local skin irritations.



Johnson's Baby Lotion

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

Send for trial bottle of Johnson's Baby Lotion
Johnson & Johnson, Baby Products Division
Dept. 103, New Brunswick, N. J.

Please send me, free of charge, a bottle of Johnson's Baby Lotion.

Name

Street

City State

Offer limited to medical profession

May, 1945

vided as a benefit in prepayment plans for hospital and/or medical, surgical and comprehensive health service. (4) Study of cost analysis in public health nursing agencies. (5) Clarification of terminology used in describing graduate programs. Investigation and evaluation, with assignment of specific words to mean the same things in all schools are in order.—After a preliminary study, it is proposed to test use of the suggested terminology in selected schools.

A recommendation from the National Association of Colored Graduate Nurses that all plans for nursing include Negroes was approved by the Planning Committee. Investigation of the training given the hospital corps of the Wacs and Waves, as reported by the National Association for Practical Nurse Education, led to referral of the subject to the newly created Joint Committee on Auxiliary Nursing Services.

Postwar Problems

[Continued from page 33]

dustries found quickly enough that the war plants would not accept a graduate nurse in any capacity except that of a nurse. The country needed nurses too badly. But, the practical nurse found no such taboo. So, where in normal times the hospital could have commanded a legion of young practical nurses, they now found themselves limited in their choice. Something had to be done.

That something was to recruit the Nurses Aide. This training demanded the strength of youth, high educational standards and moral stamina. Only the best need apply. For all this top notch character, the Red Cross promised the worker nothing but hard work. The lowest kind of work at that, and a minimum training under supervision. And, yes, the satisfaction of serving.

Over Seas or on the Home Front It's **RESINOL** for Itching, Burning, Irritated Skin

SKIN irritations are of such common occurrence because of exposure to the unusual conditions of war time, it is always desirable to have a quick-acting, alleviating agent at hand for immediate use.

Many nurses are selecting soothing Resinol Ointment to meet this requirement—especially in those cases where itching, burning and smarting are tormenting symptoms.

Containing ingredients, widely known for their bland action in skin treatment, and with a 45 year background of usefulness,



For Itchy Burning of
Chafes and Chaps
Minor Burns
Simple Rash
Sun or Wind-burn
Dry Eczema
Cracked, Blistered Feet
Non-Poisonous Insect Stings

Resinol offers efficient help. Furthermore, its medication has long-sustained action, as it is held in contact with the irritated skin surface by the oily Resinol base—thus promoting long-lasting comfort. Bland enough for tenderest skin.

Resinol Soap is appropriately recommended for use with Resinol Ointment. It is pure, mild and so refreshing—delightfully cleansing for tender skin.

Have you ever used Resinol Ointment and Soap? Why not let us send you a professional size sample of each? Write today to Resinol Chemical Company R.N. 36, Baltimore, 1, Md.

IN THE TREATMENT OF NEURITIS



SUGGEST SUPPLEMENTARY HOME-MASSAGE WITH MINIT-RUB

Many doctors find MINIT-RUB an effective therapeutic aid in the treatment of sciatic, peripheral, and other forms of neuritis.

Through reflex action, MINIT-RUB and massage act below the surface to induce local hyperemia—thus checking inflammation and dispersing waste products.

*Recommend home-massage with
MINIT-RUB to your patients.*



THE MODERN RUB-IN

STAINLESS • GREASELESS • VANISHING

A Product of **BRISTOL-MYERS COMPANY**
19RN West 50th Street, New York 20, N. Y.

May, 1945

Mu-col

"Here's Foot Comfort for Tired Nurses"

To relieve the ache and pain of tired feet nothing excels a MU-COL foot-bath when you come off duty. That's what nurses have told us many times.

And MU-COL has many other valuable uses, making it the ideal bacteriostatic preparation for home or travelling. A powder, non-deteriorating, of balanced saline-alkaline composition, it is quickly soluble in warm water.

MU-COL samples, though limited by war, are still free to nurses. Write today.

THE MU-COL COMPANY
Dept. RN-55 Buffalo-3, N.Y.

*Aznoe's
Woodward*
SERVING
SINCE 1896

Today's regulations are not those of Yesterday—Tomorrow's may easily countermand those of Today's.

But, throughout the maze of this ever changing personnel problem, those qualified, have little difficulty in finding the most worthwhile appointments available—through a medium which has held the leadership in medical placement for almost FIFTY years.

In every field, steadfast to ethical principles, there is always a Leader

In the medical placement field it is

Aznoe's-Woodward
Medical Personnel Bureau
Ann Ridley Woodward, Director
30 N. Michigan Ave., Suite 607
Chicago 2, Illinois

for love alone. Of all the workers I know in this war, the nurses aide comes nearer to exemplifying the true spirit of patriotism than any other group of people. They hide their spirit of sacrifice and aching limbs behind the cute blue apron and nifty cap, and are satisfied to be what that Red Cross insignia on the sleeve represents . . . a worker in the cause of human suffering. Many of these girls are young wives of soldiers overseas. Some of them are mothers with a little leisure time. But oh, so many of them, are girls who work in the daytime and are sister or sweethearts of a man at the front. This is their extra bit. Their wholehearted gift to their country. Recently, I was asked to relieve at a hospital for four hours of floor duty. (Incidentally, I am one of those vanishing Americans, the private duty nurse.) The Cadet nurses wanted to have a picnic, and the hospital was trying to recruit enough graduate nurses to give all the Cadets four hours together. Nurses aides were put on duty, under registered nurses. One little nurse aide drew my special attention because of the particularly cheerful attitude she had toward her patients, and the brisk efficient way she did her work. When the Cadet nurses came on at eleven, this young aide remarked, "I'm really glad to see eleven o'clock come. I've worked all day at ——" and she mentioned a down town department store. She had taken only time to don her uniform before going on duty. I give you this, because of the position I'll take subsequently.

It is the nurses aide who will cause a reorganization of the nursing world after the war. We talk about it in hushed tones, in private. Why should we not meet it and thrash it out, or face it for what it is, publicly.

For the first time in history the pub-

R.N.

New WHITE ROCK UNIFORM STYLES... all with grippers

OFFERED AT OUR PREWAR BUDGET SAVING PRICE OF \$2.98, these smart, washable, wear-resistant uniforms have been created to add other distinctive notes to the nurse's wardrobe. Modified government restrictions now permit the use of grippers—which are incorporated from waist band to hem—at no extra cost.

Compare the savings White Rock Uniforms afford per garment... and over the period of a year. First, compare quality for quality—workmanship against workmanship—and then price! Why pay additional dollars representing retailers' profits? Only our direct factory-to-you sales policy enables us to maintain this low price level. Our uniforms can never be purchased through department stores or other retail outlets... and, every White Rock Uniform carries a money-back guarantee for your protection.



STYLE 202
...for short sleeves.
order Style 203.
Sizes 12 to 20; juni-
ors 11 to 17.

STYLE 197
...for long sleeves.
order Style 196.
Sizes 12 to 42; juni-
ors 11 to 17.

STYLE 194
...for short sleeves.
order Style 195.
Sizes 12 to 44.

WHITE ROCK UNIFORM CO.
Lynchburg, Virginia

May, 1945

A NEW SKIN CREAM

to meet the
Nurse's Special Needs

The nurse has a special skin problem. Frequent washing plus repeated contacts with antiseptics, alcohol and similar agents tend to dry, roughen and irritate hands and arms. But at the same time the nurse must take particular care to keep her skin soft, supple and normal as a matter of personal pride . . . because the patient expects it . . . and because a whole skin fends off infections.

LAMO (Nason's) has been developed to meet these special needs of nurse and doctor. It is refined Lanolin in a bland, cold-cream type base, and acts in four effective ways: LAMO (1) cleanses and (2) softens the skin. At the same time (3) it supplies fatty materials that are lacking in the dry skin—or that have been removed from the normal skin. And (4), it protects hands and arms throughout the day when applied before going on duty.

Distributed ethically in
1-oz. and 4-oz. tubes
and 1-lb. jars.

LAMO

(NASON'S)

Make your own trial of the
convenience and effectiveness of LAMO. Let us send
you a 1-oz. tube with our compliments.

MAIL US THIS COUPON TODAY

TAILBY-NASON CO. *

Kendall Sq. Station, Boston 42, Mass.

Please Send me FREE Sample Tube of LAMO

NAME.....

HOSPITAL
OR FIRM.....

STREET.....

RN-545

lic . . . the sick public . . . will have a staff of well-trained private duty, practical nurses. Not just women who have learned a few things from raising their families, or who for some other reason decide to take up practical nursing without any actual knowledge of the field. The public can have nursing care at well below the registered nurses' fee if the nurses aides decide to use their present training to work in hospitals and homes in the future.

Who has better earned the right? Purely for love of country, and love of the man who is doing the fighting, these girls have taken on extra work. They've done it whole-heartedly and without bickering. And it would seem that the graduate registered nurse has carried her specialty to such a highly technical plane of efficiency, that her scope in the postwar world is going to be a limited one. It is time to think about the future.

*Actually miscible in hot
or cold liquids in all
proportions*

ANGIER'S EMULSION

The infinitesimal dispersion of gum acacia, glycerine, sodium benzoate, hypophosphites and high viscosity mineral oil offers an outstanding example of how thoroughly the component fractions are emulsified for optimal results. Freedom from alcohol or habit-forming drugs plus a pleasant, soothing effect on the gastro intestinal areas suggests its value in convalescent cases. Its highly miscible character evidences an ideal vehicle for use with a preferred tonic and with vitamin B₁.

★ Available at all leading
pharmacies. ★

ANGIER CHEMICAL CO.

Boston 34

Massachusetts

Nurse: We want you to taste this palatable soda tablet



Carbex Bell is made entirely of sodium bicarbonate and aromatics because our doctors tell us that sodium bicarbonate properly used is the fastest-acting and most dependable relief known for the symptoms of indigestion

"Trial is Proof"

THE CANDY-TASTING ALKALIZER

SEND FOR SAMPLE

HOLLINGS-SMITH CO.
Orangeburg, N. Y.

RN-5-45

Sample Carbex Bell, please.

R.N.

Address

At Los Banos

[Continued from page 32]

oil and the nurses put dabs of the sticky mixture on each side of a wound, then placed a strip of gauze or cloth between. The American way, crude as it was, worked!

Fortunately the accident rate of Los Banos was practically nil. There were no traffic hazards, nor none of the normal pitfalls of a more civilized life. You cannot slip on waxed floors or fall down marble steps in surroundings that include only basic necessities.

Dysentery, fully expected to be epidemic, was instead, endemic. Malaria cases were few, due in large part to the nature of the camp's location. Most of the cases that did occur were recurrent ones. Every six months all civilians were given injections of a com-

bination of typhoid, dysentery and cholera vaccine that had been given to the hospital by the Japs. Fortunately there were no serious epidemic diseases to fight. Perhaps the isolation of the camp accounted for this, but the strict public health measures must be given credit for much of the success in maintaining such a record.

Lieut. Chapman especially remembers the work of the excellent sanitary squad. The doctors formed the squad under the command of an ex-pharmacists mate who had been doing civilian work in Manila. Every day this group of men inspected the camp, checked the entire area and sanitary facilities and saw to it that none of the gulleys became breeding grounds for disease. Cleanliness was a mighty important factor in the total management of the camp and no Board of



SPECIALIZATION CLINICAL LABORATORY TECHNIQUE

holds greater opportunities for the capable Nurse Technician than ever before. It is the one field that is not overcrowded, and one in which professional ability is highly regarded and recognized. Our catalog will be of interest and we shall be pleased to mail it postpaid upon request. *Established 27 years.*

Northwest Institute of Medical Technology, Inc.
3404 E. Lake Street Minneapolis, Minn.



DOO-TEE NURSERY SEAT

Designed to meet the training recommendations of nurses and pediatricians. Adjustable footrest aids in normal bowel evacuation. Or seat can be used on chamber so that infant plants feet firmly on floor. Dusk deflector aids posture—prevents slumping forward and gives infant sense of security—something to hang on to. Sturdy. Sanitary finish. No folding devices to pinch baby's fingers.

Folder sent on request

CARLSON MFG. COMPANY
4440 BROADWAY OAKLAND 11, CALIF.



The MODERN way to Kill Lice and Nits **BORNEX**



3
EASY STEPS
TO THE PROMPT
EXTERMINATION OF
HEAD LICE

1 Apply BORNEX® and
work into a lather.
Allow to remain five
to ten minutes.

2 Comb hair with a fine
comb.

3 Shampoo with a mild
soap the next day.



FORMULA

Isobornyl thiocyanacetate and
dioctyl sodium sulfosuccinate,
mineral oil, gelatin and water.

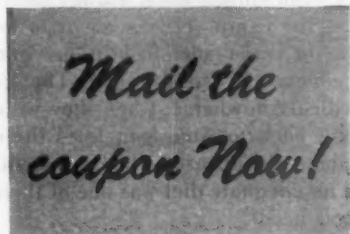
An emulsion, BORNEX penetrates the hair quickly and effectively. Patients will find it pleasant to use, for it has an agreeable clean odor, is not greasy and will not stain. BORNEX is non-inflammable. Clinical use proved BORNEX to be potent but not irritating. One application is sufficient in most instances.

BORNEX is supplied in 2-fluidounce bottles and in gallons for institutions.

BORNEX is equally effective in killing crab lice and body lice.

TRADE-MARK

BORNEX



WYETH INCORPORATED, 1600 ARCH ST., PHILADELPHIA 3, PA.

Please send me a trial bottle of Bornex.

Name

Title Institution

Street

City State

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WYETH INCORPORATED • PHILADELPHIA 3 • PENNA.

May, 1945

SURPRISED NURSE!

"The first time I used ALKALOL in my eyes I was surprised when that tired feeling disappeared."

It is surprising to find an eye treatment so gentle yet as effective as ALKALOL.

Sample to Nurses

THE ALKALOL CO.
Taunton, Mass.

BENCONE regulation *ANC* UNIFORM DRESSES



"Sandswept" **\$16.75**
O.D. and Beige EACH

All-Wool Botany Flannel and All-Wool Tropical Worsted, O.D. Only. **\$24.95**
EACH

Sizes—Misses': 10-12-14-16-18.
20. Women's: 38 and 40.
Juniors': 9-11-13-15-17.

Send for A. N. C. Catalog

BENCONE Uniforms, Inc.
222 W 34th St. New York 1, N. Y.
"They wear well"

Health was more severe in insisting that public health measures be observed.

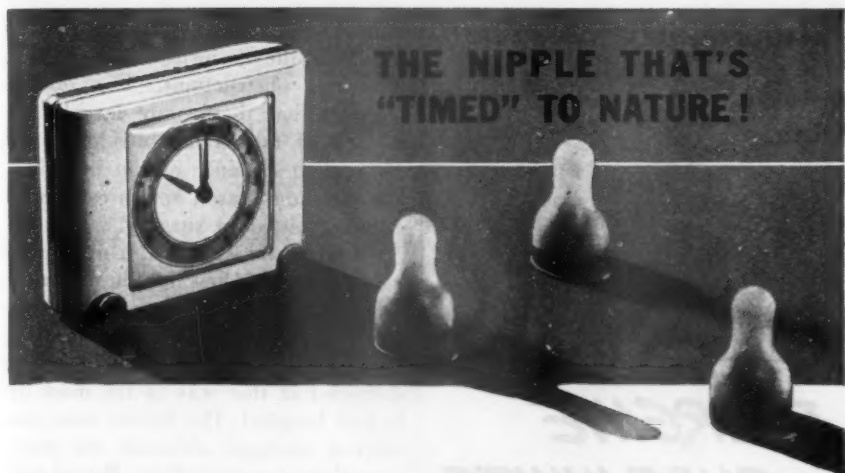
All inhabitants of the little community pitched in to do the work, even though rapidly failing strength necessitated shortened hours. In early days there was a baseball diamond, joy of Americans, but later this was discontinued; there was not enough energy to play the beloved game. Nurses worked in shifts of five hours, but even after these short hours the nurses went to bed every night with arms and shoulders filled with pain—not from lifting and heavy manual labor—but as a natural result of the meager diet and the first pangs of beriberi and its effect on nerves.

Some of the men started to work in the hospital as volunteer helpers. Bankers, engineers and shopkeepers learned the same lessons these nurses had taught to Navy Corpsmen. They assisted in clinic work, gave enemas, baths and generally assisted those who could no longer care for themselves. Later when the women arrived, many of them came to the hospital and asked to be allowed to help. So, one nurse was assigned to teach classes and because these women were anxious to give service they proved an excellent addition to the small personnel.

Almost all of the prisoners were plagued with edema—hands, feet and abdomens were swollen and as time went on the condition became worse. People with kidney and heart ailments, even simple ones, did not do so well at the camp. They seemed to be unable to resist such conditions and their edema was usually worse. Thanks to medical knowledge, when they were brought back to American lines these symptoms disappeared almost instantly for an adequate diet was one of their greatest needs.

Surgery was a busy place at Los

R.N.



MOOTHER NATURE knows—and breast-feeding is best. When bottle-feeding is essential, that method can be a satisfactory substitute if the rubber nipple simulates the maternal nipple in every way possible.

One of the important factors in breast-feeding is time. "The usual length of time for feeding, either at breast or from a bottle, is between 10 and 20 minutes." *Children's Bureau, U. S. Dept. of Labor.* "Usually the bottle should require not less than 20 minutes. Babies need to suck." *New York City Committee on Mental Hygiene and the Department of Health of New York City.*

The Davol "Anti-Colic" brand

"Sani-Tab" nipple is constructed to give the baby the "natural" and essential length of time and sucking exercise at each feeding. It encourages the same kind of persistent, coordinated, "muscle-pull" action that the infant uses at the breast. This rhythmic action stimulates the muscles of the jaw, mouth and nose; helps proper formation of jaw and dental arches.

Correct "natural timing" is only part of the story, of course. The treatise pictured below describes many other advantages of this unusual nipple. Written for physicians—17 illustrations, including 6 detailed anatomical drawings. We'd like to send you a complimentary copy. Please use the convenient coupon below.

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Gentlemen: Please send me a complimentary copy of the treatise, *Bottle Feeding in Relation to Infantile Colic and Malformation of the Mouth* at the following address:

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Banos. Appendicitis claimed a few victims, but the majority of cases were intestinal obstructions. The doctors believed that these were largely due to lack of fat on the mesentery and consequent collapse of the intestines. For the same reason hernia cases were often admitted to surgery.

As might be expected, a number of babies saw their first light in the prison camp. Surprisingly, the deliveries were quite normal, except for two Caesarean sections that would probably have been delivered in that way in the most up-to-date hospital. The babies were considered average, although no scales were there to weigh them. Breast milk was the accepted fare for the newborn and though probably of poor quality, it had to suffice. Recovery of the mother was slower than normal for nature took from the parent body to build the child and these mothers had been living on diets that often threatened their own lives. Perhaps the ease of these deliveries can be laid at the door of the diet too, for certainly the bodies lacked protein and the muscles and tissues were not inflexible and resisting.

The lessons learned at Los Banos were harsh. Women like Lieut. Chapman came through the ordeal, but they will never forget. Backed by her training she was able to help the unfortunates who were forced to live under prison conditions. Now she is ready to take up where this work finished—and while she moves in hospital worlds of modern equipment and such life-saving drugs as penicillin, of which she knew nothing until her return, she will always be able to apply the lessons of improvisation learned at Los Banos. Perhaps her wish to return to the Philippines will come true—she is first of all a nurse—a Navy nurse—and she wants to finish the job she started.

R.N.

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interferes with my
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"I always use Poloris to relieve the complication of tooth ache. Experience has taught me how quickly and safely Poloris works."

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Child Education

[Continued from page 29]

successful practice of preventive medicine entails more than providing, by statute, a cloak of protective laws or rules of good health; such a method may be protective against some of the elements of disease, but it is too easily discarded or outmoded unless its wearers have, through education, learned how to use it and especially how to replace it from time to time with more effective apparel. True education fosters learning whenever and wherever a person is ready for it, and it functions best in the setting of living experiences. The hospital thus becomes a place of education, and its staff teachers who perform no longer in a limited professional sense but with a broad social meaning, and whose success of therapy depends in great degrees on the amount of learning acquired by the patient.

The hospital as a place of education for children in the matter of health is our consideration today. One would not advocate admitting children to a hospital primarily for education.

Let us instead consider the role of the hospital in teaching children who are admitted to it because of illness. What are some of the areas about which they may learn? Most outstanding of these spheres is that in which the child may learn about himself as a person. Once the initial fear of hospital admission has passed and after the child has settled down in the hospital he will be ready to look at himself in terms of a sick person, and if the staff is sensitive to his psychological as well as to his physical needs the patient should be able to learn from those who care for him what his illness means in terms of therapy, convalescence, prevention of recurrence, and possible etiology. The

R.N.

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Microphoto shows hair shampooed with ordinary soap and rinsed twice. Note dandruff and curd deposit left by soap to mar natural luster of hair.

FITCH SHAMPOO

Microphoto after Fitch Shampoo and hair rinsed twice. Note Fitch Shampoo removes all dandruff and undissolved deposit, and brings out natural luster of hair.



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May, 1945

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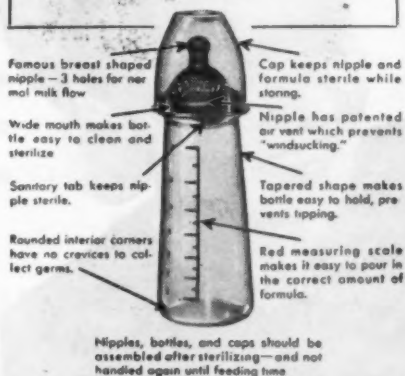
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insight received should make not only for what is known as "a cooperative patient" but for a happier one. The period of adolescence is especially fruitful for learning about matters of health. It is common knowledge that a person in this age period is in a state of almost constant turmoil, and that his rapid and uneven physical growth is attended by feelings of anxiety about his health and development. Too often we forget that he has such feelings, as when we indiscriminately place him in a pavilion with older patients who are loud in their complaintiveness and suffering. An emotionally sensitive hospital staff which has the time, or better still which takes the time, to listen to patients and to understand them can teach children in many realms. The adolescent, seeking parent substitutes in whom to confide, readily identifies himself with hospital personnel and is very susceptible to teaching and to influence. Questions of development, nutrition, body hygiene, and matters of sex come freely and spontaneously, and learning the true facts about these subjects while in the hospital comes naturally.

The young child is not as proficient in verbal expression as an older individual and he will prefer to "act out" his questions. Physicians and nurses through observation and training may learn how to recognize such unspoken questions and how to reply in simple language. Often the answers are best given as indirectly as were the questions, through play as the medium of communication. Medical and nursing staffs should know the meaning of play and be versed enough in its interpretation. Active and passive play of children in a hospital should be encouraged as part of their diagnostic study and treatment as well as for its recreational usefulness. [Turn the page]

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May,



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At the New York Hospital we have been fortunate in being able to increase extensively the range of play opportunities in the Children's Clinic. The administrators of the hospital and the director of the clinic provided play-rooms and money; the social service department supplied volunteer workers and contributed equipment; the nursing staff, having long considered their duties to include more than bedside nursing, modified the training program so that each student has time to watch children at play and to discuss her recorded observations with the full-time occupational therapist who reports in detail all significant data to the medical staff.

As the hospital is able to create an atmosphere which approximates the environment of the home and the setting of the family, it will more readily

be able to care for the total needs of children. Although an illness presents a sick person to the hospital as a sort of cross-section of life the physician, nurse, social worker, nutritionist and every other worker will do well to consider the illness as it is, namely an episode in one's life, not isolated but definitely related to what has gone on before and to something which is to follow. For example, the infant in the first several months of life develops especially in motor performance. Illness may retard his progress. When such a baby is admitted to a hospital his care should include consideration for potentialities of continued growth, and treatment should entail no undue or unnecessary restraints which might restrict or hinder his development and his learning. By merely providing opportunities for growth and by permit-



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ANAESTHETISTS—(a) Private 100-bed hospital, Southern California inland city; \$250. (b) Catholic hospital in Washington; \$260.

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GENERAL DUTY—(a) Lumber Company hospital, northeastern California; \$150, maintenance. (b) County hospital, 600 beds, inland Southern California; \$166, meals. (c) Nevada mining company hospital in the mountains; \$195, maintenance.

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Elsie Miller, Director

ting propensities for development to flourish naturally, infants may learn to sit up, to walk, to feed and dress themselves while in hospital residence just as spontaneously as if they were living at home. Babies should not be left confined to cribs, isolated from other children, nor fed mechanically, forcibly or impersonally when their physical, intellectual and emotional states warrant freedom of movement, communion with other infants, and affectionate handling by attendants, nurses and physicians. Such care requires consideration of individual needs and at first glance may appear more time-consuming and more costly than routinized and mass management. In practice, however, it has been our experience that it results in hastened convalescence in many instances and certainly in greater happiness and contentment of most patients. Then too, a staff which is able to "personalize" its service is in turn stimulated because the "care of patients" becomes interestingly human.

The hospital in the past has done a good deal more teaching than it realized; the hospital of the future will put forth greater conscious effort at teaching and will in turn give greater service to its patients by helping to set free and to develop all their capacities as human beings.

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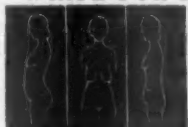
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10¢ & 25¢



Urinalysis

[Continued from page 46]

Indican. Normal urine may contain a small amount (4-20 mg. per 24 hrs.) but is increased by meat diets.

Blood and Hemoglobin. This test is rarely done as it is easier to do the microscopic examination.

MICROSCOPIC EXAMINATION. Components of sediments as found in urine are, first, chemical deposits (which may be crystalline or amorphous) and second, those of cellular structure (such as casts and mucous shreds). Sulfonamide crystals are found in the urine of insufficiently alkalized cases and suggest the possibility of danger from their precipitation in the urinary tract. When crystals are accompanied by red blood cells there is presumptive evidence that this has occurred.

The organized sediments are most important. Epithelial cells are usual but an increase may indicate inflammation of the area from which the cells are derived. Leucocytes also indicate inflammatory processes, although a few are found through contamination with vaginal discharges. Erythrocytes in any number always show a pathological condition (barring menstrual contamination) and indicate bleeding some place in the urinary tract. Casts are from the urinary tubules and may indicate either a transitory or more serious condition.

KIDNEY FUNCTION TESTS. These tests are based on measurement of one or more of the renal functions and will detect the presence and degree of renal insufficiency or reduced capacity of the kidneys to carry out their work. When one part of the kidney is injured it is reflected in changes in other parts of the organ. Most tests measure total functional capacity rather than



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Successful dermal therapy never fails to elicit gratitude, because it helps to free patients from the embarrassment of skin blemishes.

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Indications include Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin irritations not caused by or associated with systemic or metabolic disease.

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glomerular filtration and tubular reabsorption separately.

One of the first changes that is noted when a kidney suffers damage is in the ability of the kidney to concentrate. This is followed by lessening of clearance values and finally by an accumulation of nitrogen in the blood. All such tests measure function only and do not indicate the extent of anatomic damage.

Concentration tests are sensitive and depend upon special diets followed by specific gravity readings of voided specimens. They are of special value in detecting early renal impairment.

Dye tests, to determine excretion of foreign substances, are made by injecting sterile dye solutions intravenously or intramuscularly and then determining the excretion at intervals and estimating them colorimetrically. Output of dye varies with renal impairment.

In severe late essential hypertension and nephrosclerosis the rate of excretion is delayed; in advanced renal disease both the excretory rate and total output is delayed.

Clearance tests, based on removal of excretory products, serve as indicators of glomerular function and are of special value for following advanced stages of nephritis. While they are sensitive to even slight degrees of renal damage they do not show shades of difference between moderate and severe conditions. These tests are made by determining the amount of blood cleared of urea per minute while passing through the kidney. The quantity of urea eliminated varies with protein intake but the percentage is quite constant under normal conditions.

(First in a series of articles on laboratory tests. Bibliography will follow conclusion of series.)

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In the treatment of boils or other localized infections where "Moist Heat" is indicated, the "Moist Heat" of ANTIPHLOGISTINE helps relieve pain, swelling, and soreness.

Applied comfortably hot, ANTIPHLOGISTINE supplies "Moist Heat" for several hours. ANTIPHLOGISTINE may be used with chemotherapy.

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IT'S A FACT! Eating spicy foods will induce gustatory reflex perspiration. This perspiration is usually confined to the face, appearing first on the upper lip and tip of the nose, and later on the forehead and infraorbital areas.

IT'S A FACT, TOO, that in areas of the body where rapid evaporation is difficult, perspiration soon becomes malodorous due to bacterial action.

That is why fastidious nurses apply MUM to armpits, perineal region, and on the feet. They know and trust MUM because MUM's formula is based upon years of exacting research and experiments encompassing the entire subject of perspiration.

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- *Safe*... MUM IS HARMLESS TO SKIN AND CLOTHING
- *Scientific*... DOES NOT INTERFERE WITH NORMAL SWEAT-GLAND ACTIVITY



May, 1945

HOME FRONT

"A UNIFORM DOESN'T MAKE A SOLDIER." We are all soldiers in "Civvies," but we must fight our battles here on the **HOME FRONT**—not under fire, but under pressure.

The need for nurses in this vital defense area is particularly felt because of the increased population since 1942. You choose the type of position you are best qualified to fill and we will place you—**NOW!!**

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R.N. ANAESTHETIST: Local hospital; delivery room; 11:00 p.m. to 7:00 a.m. Salary, open.

GENERAL DUTY: Industrial hospital, Los Angeles—day duty. Salary \$170.00 month.

DENTAL ASSISTANT: Los Angeles, good location. Some clerical work. Salary \$40.00 week.

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RUTH ASH, R.N., R.T., Director
724 SOUTH SPRING STREET
LOS ANGELES 14 CALIFORNIA

In Germany

[Continued from page 28]

500 miles from east to western Germany where they were released by Allied forces and sent to American hospitals for care.

The German people themselves do not invite sympathy. Germany may be a dead nation but she does not yet consider herself beaten. Townspeople hang bed sheets on poles outside windows where red Nazi banners hung just a few days ago. The flag says, "we surrender," but the inhabitants shake their fists at you from behind partly drawn curtains. They behave as if we had instigated the German-made holocaust and they were our innocent victims. They accept no responsibility for the pogroms and purges, the ruined cities of France, Russia, and Poland, the thousands and thousands of dead and murdered. They accept no responsibility because they have forgotten. The war has hit their own doorsteps now and that is all they remember.

Nurses here follow news broadcasts and watch war maps daily. They are turning down Paris passes and seven-day leaves to London to stay with their hospitals and help carry the patient load. All of us watch the Allied armies closing the trap on the last of Nazism. For the first time hope is strong that the end is inevitable.

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ANESTHETIST: Florida. Leading hospital with staff of well-qualified surgeons; all scheduled surgery done in morning; no obstetrics; private room in new nurses' home; \$200, maintenance. (Placement bureau charges \$2 registration fee.) Box MB5-1.

***ANESTHETIST:** Metropolitan area. For exodontia office; 5½-day week; no night work; all major holidays; congenial atmosphere; salary attractive. Box MC5-45.

***ANESTHETIST:** New Jersey. Three other nurse anesthetists on staff; \$200, full maintenance. Apply: Dr. A. L. Dear, Beth Israel Hospital, Newark, N.J.

DIRECTOR OF NURSES: Illinois. 100-bed hospital; experience in administrative work, also advanced work in nursing education and curriculum planning required; to \$275, maintenance. (Placement bureau charges \$2 registration fee.) Box C-128.

DIRECTOR OF NURSING SERVICE: South. 500-bed hospital, desirably located. (Placement bureau charges \$2 registration fee.) Box C-135.

***GENERAL DUTY NURSES:** East. Small private hospital, pleasant surroundings; full or part-time, day or night duty. Apply: Memorial Hospital, Elizabeth, New Jersey.

***GENERAL DUTY NURSES:** Florida. 100-bed private hospital, graduate nursing staff; 8-hour duty, straight shift; 46-hour week; \$110, full maintenance or \$125 with two meals, uniforms laundered. Apply: Supt. of Nurses, St. Anthony's Hospital, St. Petersburg, Florida.

***GENERAL DUTY NURSES:** Michigan. Fully approved 65-bed general hospital; 48-hour week; above average living and working conditions; \$135, full maintenance. Apply: Cottage Hospital, Grosse Pointe, Michigan.

***GENERAL DUTY NURSES:** Michigan. 50-bed hospital; 8-hour duty; need day and night nurses; \$1,900 a year with board and laundry. Apply: Lansing City Hospital, Lansing 12, Michigan.

***GENERAL DUTY NURSES:** Michigan. 240-bed, fully approved hospital; 8-hour day; 6-day week; \$165, meals and laundry. Apply:

Director of Nurses, Pontiac General Hospital, Pontiac, Michigan.

GENERAL DUTY NURSE: Southeast. For 150-bed Polio unit; 285-bed hospital; \$150, full maintenance. (Placement bureau charges \$2 registration fee.) Box C-124.

GENERAL DUTY NURSES: West. Well-equipped, modern industrial hospital averaging 50 patients; \$175, maintenance. (Placement bureau charges \$2 registration fee.) Box MB5-9.

***GENERAL DUTY NURSES:** Knoxville Area. General hospital located in foothills of Cumberland Mountains; \$195, with maintenance; living accommodations arranged; two weeks vacation; one week sick leave; applicant must secure WMC release. Apply: Director of Nurses, Oak Ridge Hospital, Oak Ridge, Tenn.

***GENERAL DUTY NURSES:** Washington, D.C. 46-hour week; \$120, full maintenance, \$145 without room, increases for length of service. Apply: Supt. of Nurses, Episcopal Eye, Ear and Throat Hospital, 1147-15th St., N.W., Washington 5, D.C.

***GENERAL DUTY NURSES:** West. Urgently needed in critical war area; gross salary \$165. Apply: P. O. Box 509, Renton, Washington.

HEAD NURSE AND STAFF NURSES: Hawaii. Pediatric department of fairly large hospital; \$190-\$175, respectively. (Placement bureau charges \$2 registration fee.) Box MB5-7.

INDUSTRIAL NURSES: Indiana. Ordnance plant located in small town; \$50-\$55 weekly; opportunity for increase in salary by working overtime. (Placement bureau charges \$2 registration fee.) Box MB5-10.

INDUSTRIAL NURSES: Southwest. Ordnance plant; town of 60,000; small apartments available near plant; 48-hour week; \$280. (Placement bureau charges \$2 registration fee.) Box MB5-3.

INSTRUCTOR, CLINICAL: Midwest. Capable of teaching medical and surgical nursing.

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***INSTRUCTOR:** Philadelphia. 170-bed hospital, school of nursing averages 65 students; coordinator of classes, teach Materia Medica and one other subject, not Nursing Arts; degree; between 30-40 years of age; salary open. Apply: Director of Nursing, Osteopathic Hospital of Philadelphia, 48th & Spruce Sts., Philadelphia, Pa.

INSTRUCTOR, MEDICAL-SURGICAL: State Capital city. 120-bed hospital; 60 students; surgical department very active; \$200. (Placement bureau charges \$2 registration fee.) Box C-126.

INSTRUCTOR, SCIENCE: Ohio. 380-bed hospital; Cincinnati area; degree required; \$200, full maintenance. (Placement bureau charges \$2 registration fee.) Box C-125.

INSTRUCTOR, SCIENCE: South. Hospital of nearly 400 beds; Cadet school 100 students; 5-day week; 8-hour day; residential town of 63,000 near several large cities including university medical center; \$200, full maintenance. (Placement bureau charges \$2 registration fee.) Box MB5-6.

***NURSERY, OBSTETRICAL AND SURGICAL NURSES:** California. General and charge duty; 90-bed accredited hospital. Apply: Supt. of Nurses, French Hospital, Los Angeles, Calif.

OFFICE NURSE: New York State. R.N. qualified to do routine laboratory work; office of busy internist; advantageous if experienced in diabetics; minimum \$200. (Placement bureau charges \$2 registration fee.) Box MB5-8.

***OPERATING ROOM NURSE:** Michigan. 50-bed hospital in small town; salary open, full maintenance; two weeks vacation, one week sick leave after first year. Apply: Supt. of Nurses, Clinton Memorial Hospital, St. Johns, Michigan.

***OPERATING ROOM NURSES:** New York City. Active general private hospital in midtown Manhattan; on call one night a week; \$185 including meals, live out. Box LRS5-45.

ORTHOPEDIC NURSE: Michigan. For appointment with public health department; \$2,200, plus traveling expenses. (Placement bureau charges \$2 registration fee.) Box MB5-2.

SCHOOL NURSE: California. Duties consist of supervising health in high school and junior college; \$2300-\$3000. (Placement bureau charges \$2 registration fee.) Box MB5-5.

***STAFF NURSES:** Michigan. Also communicable disease and public health; positions available in three large municipal hospitals; excellent opportunities and conditions of work covered by civil service provisions; 48-hour week; salaries start at \$225.59. Apply:

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***STAFF NURSES:** Pennsylvania. \$135-\$150,
full maintenance. Apply: Doylestown Em-
ergency Hospital, Belmont Ave. & Spruce St.,
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STAFF NURSES: Alaska. Recently inaugu-
rated public health program; salaries start
at \$225 if assigned to interior, \$215 for urban
appointments. (Placement bureau charges \$2
registration fee.) Box MB5-11.

***STAFF NURSES:** Northwest. Industrial
330-bed general hospital; 8-hour duty; 48-
hour week; \$170-\$180-\$190, living accommo-
dations. Apply: Supt. of Nurses, Northern
Permanente Foundation, Vancouver, Wash-
ington.

SUPERINTENDENT OF NURSES: Califor-
nia. Modern 45-bed hospital; must be well
versed every phase hospital work, capable of
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***SUPERINTENDENT OF NURSES:** Central
Calif. 55-bd non-sectarian private hospital;
outline experience, give references and re-
quired salary. Box MM5-44.

***SUPERINTENDENT OF NURSES:** Iowa.
25-bed general hospital; part-time in sur-
gery; town of 4,000; \$175, maintenance. Ap-
ply: Virginia Gay Hospital, Vinton, Iowa.

***SUPERVISORS:** Ohio. 90-bed psychiatric
hospital; psychiatric experience essential;
\$160-\$170 with two meals and laundry, \$20
extra for living out. Apply: Director of
Nurses, Youngstown Receiving Hospital,
Youngstown, Ohio.

***SUPERVISORS:** Washington, D.C. Com-
bined with general duty nursing; \$165, in-
cluding room and board, extra pay for after-
noon and evening shifts. Apply: Eastern
Dispensary and Casualty Hospital, Massachu-
setts Ave. at 8th St., N.E., Washington, D.C.

SUPERVISORS, FLOOR: East. 200-bed hos-
pital; \$165, maintenance. (Placement bureau
charges \$2 registration fee.) Box MB5-12.

SUPERVISOR, OPERATING ROOM: Cali-
fornia. Experienced in supervising students,
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***SUPERVISOR, OBSTETRICAL:** East. 25-
bed obstetrical division with nursery and de-
livery room in 130-bed general hospital with
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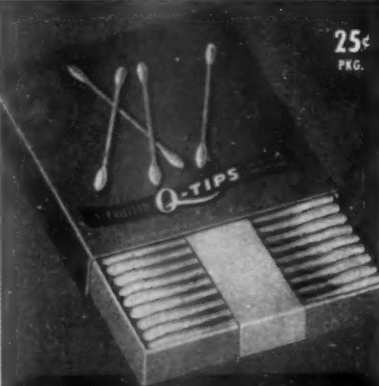
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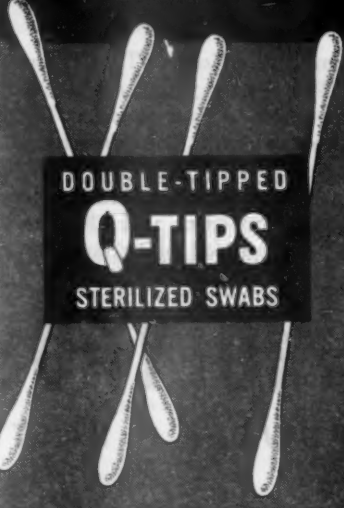
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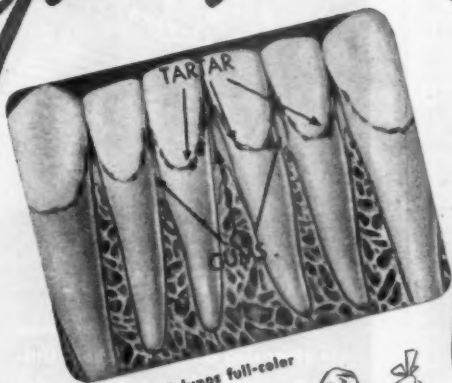
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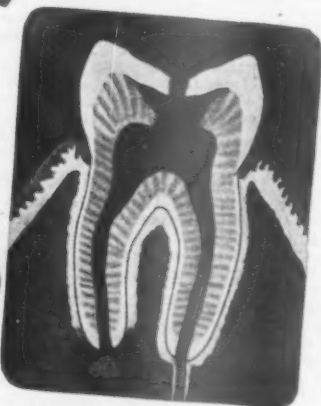


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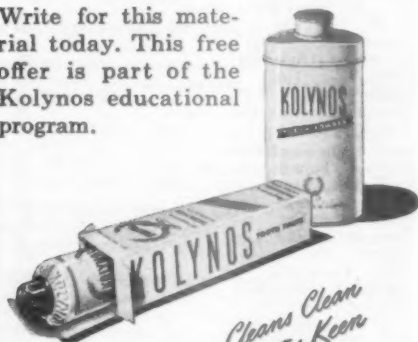
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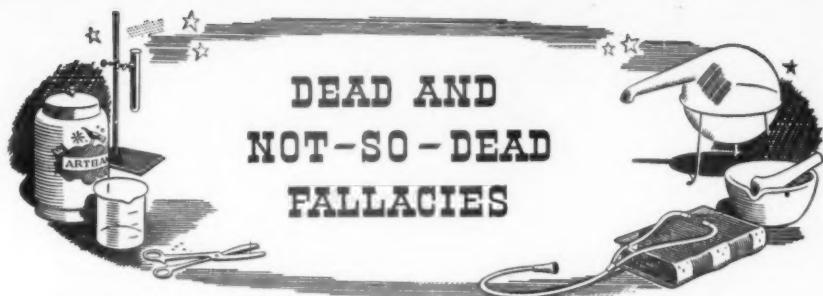
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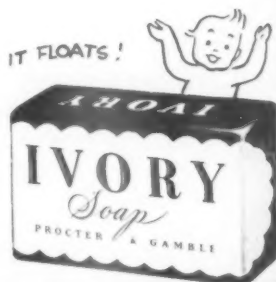
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